

Transportation-Insurances.com Survey for Public Automobile Liability & Physical Damage Insurance

The EFFECTIVE DATE of the coverage requested under this application is:
Agent/Broker currently controlling this risk:

Named Insured Information

1. Named Insured:
2. FEIN #:
3. Mailing Address:

City: County: State: Zip:
4. Business Address:

City: County: State: Zip:
5. Named Insured: Corp. Partnership Sole Proprietor Gov't Body Other
6. Provide the following information for all officers, directors, partners and stockholders of the named insured: * Must total 100%

NAME	POSITION/ FUNCTION	FT PT	NO. OF YEARS TRANSIT EXPERIENCE	PCT. OWNERSHIP

7. Name and telephone number of person to be contacted for engineering:

Operations Information

1. Do you have Interstate Commerce Commission (ICC) Authority?
2. US DOT # (if applicable)
3. Do your vehicles ever transport any commodities, other than passenger baggage or mail?
If "yes", describe types of commodities:
4. Do your vehicles ever transport professional or entertainment groups? If "yes",
explain:
5.
 - A. List below your ESTIMATED mileage, gross receipts, payroll and average number of revenue-producing units for the PROPOSED policy period.
 - B. List below your ESTIMATED mileage, gross receipts, payroll and average number of revenue-producing units for the current policy period.
 - C. List below your ACTUAL mileage, gross receipts, payroll and average number of revenue-producing units for the THREE (3) PREVIOUS POLICY PERIODS.

	YEAR	MILEAGE	GROSS RECEIPTS	PAYROLL	REVENUE UNITS
PROPOSED POLICY PERIOD					
CURRENT POLICY PERIOD					
3 PREVIOUS POLICY PERIODS					

8. List the destinations of the five longest trips made in the past 12 months:
9. List five (5) most frequent destinations:

Driver Information

1. Current total number of drivers:
2. Driver's pay is calculated by trip mileage hourly other (explain)
3. Driver's are Union Non-union
4. Driver's maximum hours:

a. Driving	daily,	weekly
b. On Duty	daily,	weekly
5. Do you provide Workers' Compensation insurance for ALL drivers?

Equipment Information

1. Do you own or operate any equipment not listed on schedule? Yes No
If "yes", explain
2. Schedule of all locations:

	LOCATION #1	LOCATION #2	LOCATION #3
ADDRESS:			
TYPE OF OPERATION: (office, terminal, garage, etc.)			
NO. OF UNITS STORED OUTSIDE & MAXIMUM VALUES			
NO. OF UNITS STORED INSIDE & MAXIMUM VALUES			
NIGHT WATCHMAN OR GUARD?			
IS LOT FENCED?			

Maintenance Information

1. Do you have a written maintenance program? Yes No If "Yes", please attach a copy.
 2. Do you service your own vehicles? Yes No If "No", who does:
 3. How many mechanics do you employ?
 4. Do you service vehicles of others? Yes No
 5. Do you store vehicles of others? Yes No
 6. If you service or store vehicle of others, what is the maximum value of equipment of others on your premises for each location outlined above?
 7. Does vehicle maintenance program include the following?

A. A service record of each vehicle (attach copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Controlled inspection frequency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Vehicle daily conditions reports (attach copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. The above for leased vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- How often are these various reports reviewed by management?

Safety Information

1. Please provide name, title, and years of experience of person (s) responsible for safety?
Specify other duties.

2. Do your Driver selection procedures include:
 - A. Written application? Yes No
 - B. Reference checks? Yes No
 - C. Written test? Yes No
 - D. Road test? Yes No
 - E. Physical exams:
 - 1) Pre-employment? Yes No
 - 2) Federal DOT requirements? Yes No
 - 3) State DOT requirements? Yes No
 - 4) Periodically during employment? Yes No
 Specify:
 - F. Obtaining driver MVR records? Yes No
Pre-employment or post-employment:
 - G. Updating MVR records periodically during employment? Yes No Specify:
 - H. Drug testing? Yes No
During employment? Yes No

3. Does driver indoctrination include:
 - A. Company rules and policies? Yes No
 - B. Daily DOT vehicle inspection procedures? Yes No
 - C. Equipment familiarization? Yes No
 - D. Route familiarization? Yes No
 - E. Emergency procedures? Yes No
 - F. Accident reporting procedures? Yes No

4. Does road supervision include On board recording devices Yes No

5. Are accident investigation and review procedures, include records, maintained?
Do the review procedures include disciplinary procedures? Yes No
If "yes", please explain:

Prior Loss Experience and Coverage Information

1. Provide the following information for the current and past four (4) policy periods:

	CURRENT POLICY PERIOD	TO	TO	TO	TO
INSURANCE CARRIER					
POLICY EFF/EXP. DATES					
TOTAL PREMIUM: 1. Liability 2. Physical Damage					

2. Has your insurance ever been obtained through an Assigned Risk Plan? Yes No
If "yes", please explain:

3. Has any company, during the past three (3) years, cancelled or refused to renew your automobile insurance coverage? Yes No If yes, please explain:

Coverage Information

Coverage:

Limit:

- Auto Liability
- Personal Injury Protection (PIP) (No Fault)
- Uninsured Motorist
- Hired Auto Liability
- Employer's Non-ownership Liability
- General Liability
- Other (specify)

Deductibles Desired

	Bus	All Other
<input type="checkbox"/> Comprehensive (see Equipment List)	XXXXXXXXXXXXXX	\$
<input type="checkbox"/> Specified Perils (see Equipment List)		\$
<input type="checkbox"/> Collision (see Equipment List)		\$

The completion of this application creates no express or implied obligation on the part of the company to offer a quotation or provide insurance as requested in this application survey.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Producer's Signature

Senior Officer of Named Insured

Title:

Title:

Date:

Date:

Comments: