



PUBLIC TRANSPORTATION QUESTIONNAIRE

(To be completed to provide coverage under the Commercial Auto Policy)

The following information must be provided to properly underwrite any vehicle used to transport passengers:

1. Please provide vehicle operations details: _____
2. Please provide details on who will operate the vehicles including list of drivers, ages, and information required for us to obtain MVRs if not provided elsewhere.
3. Please describe the criteria in the hiring of drivers: _____
4. Please describe the training of the drivers: _____
5. Are vehicles ever loaned or given to employees for their personal use? Yes No
6. Is management involved in daily operations? Yes No
7. Does the applicant have a formal safety program? Yes No
If yes, describe including how often regular meetings are conducted: _____
8. Does the applicant have a written maintenance program? Yes No
If yes, who is responsible for this? _____
9. Does the applicant follow daily DOT inspection procedures? Yes No
10. Are service records and pre-use inspection logs of each vehicle maintained on a daily basis? Yes No
11. Are vehicles equipped with passenger seat belts? Yes No
12. Where are vehicles stored? _____
13. Please describe the storage details including inside or inside and security measures for storage area: _____
14. What percentage of driving takes place on:
Paved/Main Roads: _____
Steep/Winding Roads: _____
Dirt/Gravel Roads: _____
15. Annual cost to hire the vehicles:
a. Where the insured must insure the vehicle \$_____ (Primary)
b. Where the lessor insures the vehicle \$_____ (Excess)*
* Please be sure to collect a certificate of insurance evidencing automobile liability coverage naming you as additional insured
c. What is the average term of the lease? _____

16. Vehicle Details:

Vehicle Capacity	Number of owned units	Number of rented/leased units	Average days used per week	Percent of trips 0 - 50 miles	Percent of trips 51 - 200 miles	Percent of trips > 200 miles	Annual Miles
8 or less:							
9 - 20:							
21 - 60:							
> 60:							

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)