



Mid Valley General Agency LLC
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Public Auto Supplemental Application
All Other Risks—Complete in addition to the Commercial Automobile Application

**(Day Care Centers, Athletes, Entertainers, Casinos, Churches,
 Hotels, Schools, Taxis, Van Pools or Not Otherwise Classified)**

1. **Applicant's Name:** _____
2. **Indicate type of operations.** If more than one, show percentage of total:
 - Chartered for special trips, tours, picnics, outings and similar uses..... _____%
 - Accepts individual passengers for a fare for sightseeing or guided tours _____%
 - Picks up and transports passengers on a fixed route _____%
 - All Other _____%
 - Athletes Casinos Churches Day Care Centers Entertainers
 - Hotels Schools Taxis Van Pools Not Otherwise Classified
3. **Description of operations:** _____

4. **Operation is:**..... profit or not-for-profit.
 Name of non-profit organization: _____
5. **Are autos totally or partially funded by a governmental entity?**..... Yes No
 If yes, identify: _____
6. **Scheduled trips:** _____% **Unscheduled trips:** _____%
7. **Is any transportation provided to the following destinations?**..... Yes No
 If yes, indicate percentage of all applicable and advise of any other destination:
 Shopping Districts _____% Workplaces _____% Senior Centers _____% Schools _____%
 Daycare Centers _____% Psychiatric Centers _____% Heliport or Airport _____% Other _____%
 Description of other destinations: _____
8. **Percentage of vehicles registered as: Taxis** _____% **Limousines** _____%
9. **Are vehicles metered?**..... Yes No
10. **What percentage are medallioned taxis?** _____% **Which airport do they service?** _____

11. List all states where the applicant is required to file proof of liability insurance. Include docket numbers: _____

Limit of liability required by each state and/or Federal Highway Administration: _____

Provide exact name and address as shown on application for filings, permits, certificates, etc.: _____

Has any applicant ever had their authority suspended or revoked? Yes No

If yes, explain: _____

Are others allowed to operate under your authority? Yes No

12. Is the applicant required to register with the federal government in accordance with the Migrant and Seasonal Agricultural Worker Protection Act (29 USCA Section 1801)? Yes No

13. Are autos used to transport any railroad workers? Yes No

14. Are volunteer drivers used? Yes No

15. Is there any personal use of autos? Yes No

16. Criteria for hiring drivers: Minimum Age: _____ Years of Public Transport Experience _____

Describe MVR Standards: _____

17. Are employees and drivers' histories screened for sexual abuse charges and convictions? Yes No

18. Mark the boxes that apply to the special driver training programs available for your drivers:

- General driver orientation Primary first aid CPR
- Human relations skills Emergency vehicle evacuation Defensive driving
- Advanced first aid Passenger assistance training Non-medical emergency training
- Other—Describe: _____

19. If a van pool, provide a copy of the contract.

Are drivers employees of the van pool?..... Yes No

If yes, list company name: _____

20. Does the applicant ever lease, rent or borrow vehicles from others? Yes No

If yes, indicate the number of vehicles and complete the Hired & Nonowned Supplemental Application.

	Lease from Others		Rent from Others		Borrow from Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

21. Does the applicant ever lease, rent or loan vehicles to others? Yes No

	Lease to Others		Rent to Others		Loan to Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

22. Is any service provided on a for hire basis? Yes No

Call and demand? Yes No

23. Number of vehicles equipped for wheelchair transport: _____

24. Do any autos have special modifications or wheelchair lifts? Yes No

If yes, please explain: _____

25. How many vehicles are equipped with the following wheelchair tie-down mechanism?

3 point tie-down _____ 4 point tie-down _____

26. Describe wheelchair tie-down procedures: _____

27. Are all vehicles equipped with both lap belts and shoulder harnesses for the passengers? Yes No

28. Is the use of safety restraints required for all passengers? Yes No

29. Are passengers assisted in or out of the autos? Yes No

If yes, provide percentage of: curb to curb _____% door to door _____% door through door _____%

30. Do you transport passengers with special needs, or where special security or handling would be needed? Yes No

If yes, describe: _____

31. Are all autos equipped with factory original seats? Yes No

If no, describe passenger seating type: _____

32. Are all vehicles owned by you? Yes No

If no, advise relationship of autos' ownership to the applicant: _____

Are they leased, etc.? Yes No

Give details: _____

33. What are the hours of operation? _____

34. Is operation seasonal?..... Yes No

If yes, please explain: _____

35. What is the average age of the passengers being transported? _____

36. Do you pick-up and drop off children at their homes?..... Yes No

37. Are autos equipped with flashing lights and automatic stop signs?..... Yes No

If school buses, are they operated by public entity or independently contracted? _____

38. Is alcohol available in your vehicle?..... Yes No

39. Are autos used to transport professional athletes or entertainers? Yes No

If yes, list organization or name: _____

40. Where are keys kept while the autos are not in use? _____

41. Do you have on site maintenance including service/repair on autos?..... Yes No

If no, what arrangements are made to provide regular maintenance of autos? _____

Who provides maintenance on wheelchair lifts, tie downs or ramps? _____

42. If vehicles are stored at one location, describe the type of location and its security: _____

FRAUD WARNING

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

FRAUD WARNING (APPLICABLE IN FLORIDA):

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FRAUD WARNING (APPLICABLE IN MAINE):

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)