



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, Farm Laborers,
 Hotels, Schools, Taxis, Van Pools or Not Otherwise Classified)

1. Applicant's Name: _____
2. Describe primary purpose of your operation and services provided: _____

3. Operation is: profit or not-for-profit?
4. Is any service provided on a for hire basis?..... Yes No
 Call and demand?..... Yes No
5. a. Who owns the autos being operated? _____
 b. Advise relationship of autos' ownership to the applicant: _____
6. Are autos totally or partially funded by a governmental entity? Yes No
7. Are others allowed to operate under your authority?..... Yes No
 If yes, please explain: _____

8. a. Do you operate under contract or lease?..... Yes No
 If yes, please explain: _____

- b. Is a copy of the contract attached?..... Yes No
9. Are any autos ever chartered or borrowed? Yes No
10. What are the hours of operation? _____
11. Is operation seasonal?..... Yes No
 If yes, please explain: _____

12. Are autos operated on a regular route or schedule? Yes No
13. Is there any personal use of autos? Yes No
 If yes, please explain: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> General driver orientation | <input type="checkbox"/> Primary first aid | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Human relations skills | <input type="checkbox"/> Emergency vehicle evacuation | <input type="checkbox"/> Defensive driving |
| <input type="checkbox"/> Advanced first aid | <input type="checkbox"/> Passenger assistance training | <input type="checkbox"/> Non-medical emergency training |
| <input type="checkbox"/> Other—Describe: _____ | | |

15. Are volunteer drivers used? Yes No

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

17. Are any autos wheelchair accessible?..... Yes No

If yes, how many? _____

What percentage of riders require wheelchair accessible transportation? _____%

Describe specific wheelchair tie-down procedures: _____

18. Is the use of safety restraints required for all occupants of the autos? Yes No

19. Do any autos have special modifications? Yes No

If yes, please explain: _____

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

If no, describe passenger seating type: _____

21. Do you service clients with special needs, or where special security or handling would be needed? Yes No

If yes, describe: _____

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

If yes, provide percentage of:

_____ % curb to curb assisted;

_____ % door to door assisted;

_____ % door through door assisted.

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

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

If yes, who? _____

25. 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

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

27. Do you have a maintenance department for service/repair on autos?..... Yes No

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

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 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: _____

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)