PUBLIC AUTO SUPPLEMENTAL APPLICATION
(Complete in addition to the Commercial Automobile Application)

1. Applicant's Name: ____________________________________________________________

2. Provide website address if applicable: __________________________________________

3. Description of operations (check all that apply):
   - Airport Bus .................. ___ %
   - Gambling/Casino Transportation .................. ___ %
   - Prisoner Transportation .................. ___ %
   - Airport Limo .................. ___ %
   - Hotel/Motel Courtesy Bus .................. ___ %
   - Railroad Worker Transportation .................. ___ %
   - Airport Shuttles .................. ___ %
   - Inter City Bus .................. ___ %
   - School Bus .................. ___ %
   - Amateur Sport Team .................. ___ %
   - Kiddie Cab .................. ___ %
   - Sightseeing Bus .................. ___ %
   - Ambulance .................. ___ %
   - Limousine .................. ___ %
   - Taxi .................. ___ %
   - Athletes & Entertainers .................. ___ %
   - Luxury Sedan—Corporate .................. ___ %
   - Transportation .................. ___ %
   - Car Service .................. ___ %
   - Charter Bus .................. ___ %
   - Trolley Bus .................. ___ %
   - Church Bus .................. ___ %
   - Inter City Bus .................. ___ %
   - Urban Bus .................. ___ %
   - Courtesy Bus .................. ___ %
   - Party Bus .................. ___ %
   - Van Pools .................. ___ %
   - Day Care .................. ___ %
   - Paratransit .................. ___ %
   - Transportation .................. ___ %
   - Employee Transportation .................. ___ %
   - Party Bus .................. ___ %
   - Physically Impaired Transportation .................. ___ %
   - Other—Describe: __________________________________________________________

4. Have there been any changes in operations in the past five years or are there any expected in the coming year, including plans for growth, expansion or changes in routes? .................................................................................................................. □ Yes □ No
   If yes, please describe: ______________________________________________________

5. Percentage of trips scheduled twenty-four (24) hours or more in advance: ............. ___ %

6. Operation is: .................................................................................................................. □ Profit or □ Not-For-Profit
   Name of non-profit organization: _______________________________________________

7. Are any trips arranged through a Transportation Network Company (ridesharing) such as Uber, Lyft, Sidecar, etc? .................................................................................................................. □ Yes □ No
   If yes, provide name of company and percentage of total trips: _________________________

8. Do you have any contracts of signed agreements in place to provide transportation service for a specific company? .................................................................................................................. □ Yes □ No
   If yes, provide name of company and copy of contract: _______________________________

9. Is there a personal use of the autos? ............................................................................. □ Yes □ No
   If yes, please describe: ________________________________________________________
10. Are drivers allowed to take vehicles home when not in use? □ Yes □ No
   If yes, what is your policy on personal use of vehicles? 

11. What are the hours of operation?

12. What are the maximum hours per day of operation?

13. Is the operation seasonal? □ Yes □ No
   If yes, please describe: ____________________________________________________________

14. Does the auto and driver remain in attendance at the beginning and the end of the function? □ Yes □ No

15. Do you transport passengers with special needs or where special security or handling is needed? □ Yes □ No
   If yes, describe: ________________________________________________________________

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

17. Do drivers ever assist passengers to or from inside their homes? □ Yes □ No

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

19. Is alcohol available in your vehicle? □ Yes □ No
   If yes, is it provided by the insured? □ Yes □ No

20. Are autos used to transport professional athletes or entertainers? □ Yes □ No
   If yes, list organization or name: ________________________________________________

21. Are vehicles used to transport any railroad workers? □ Yes □ No

22. 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

EQUIPMENT

1. Are all vehicles owned by and registered by the named insured? □ Yes □ No
   If no, advise relationship of autos’ ownership to the applicant: ____________________________
   Are they leased, etc.? □ Yes □ No
   Give details: ____________________________

2. Are all registered/owned vehicles scheduled on the insured’s policy? □ Yes □ No
   If no, are any registered as spares? □ Yes □ No
   Please explain: ____________________________

3. Does the insured allow any vehicles that are not owned and titled to them to operate under their authority? □ Yes □ No
   If yes, please describe: ____________________________

4. Are vehicles ever leased to drivers? □ Yes □ No
   If yes, describe circumstances: ______________________________________________________

5. Indicate number of vehicles that are metered: ____________________________

6. What percentage are medallioned taxis? ____________________________ %
   Which airport do they service? ____________________________
7. Percentage of vehicles registered as:
   - Taxis: ____%  Limousines: ____%
   Other: ____%, please describe: ________________________________________________________________

8. Where are the vehicles kept when not in use? ________________________________
   Describe the type of location and its security: ____________________________________________________

9. Where are the keys for vehicles stored when not in use? ________________________

10. Do any vehicles provide open-air seating, rumble seats, convertible tops, hot tubs or safety
doors? ........................................................................................................................................... □ Yes □ No
   If yes, please describe: __________________________________________________________

11. How many vehicles are equipped with wheelchair/scooter lifts or use wheelchair ramps? __________
   Describe wheelchair/scooter tie-down procedures: _____________________________________________
   Number of vehicles with:
   Three point tie-down: ____________________  Four point tie-down: ____________________

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

13. Do any vehicles have post manufacturer modifications? ............................................................. □ Yes □ No
   If a limousine, indicate length of stretch and name of coachbuilder: ______________________________

14. Are autos equipped with flashing lights and automatic stop signs? ............................................. □ Yes □ No
   If school buses, are they operated by public entity or independently contracted? ___________________

DRIVERS

1. Criteria for hiring drivers: Minimum Age: __________  Years of Public Transport Experience: __________
   Describe MVR standards: ___________________________________________________________________

2. Are employees and drivers’ histories screened for sexual abuse charges and convictions? .......... □ Yes □ No

3. 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: __________________________________________________________

4. Are volunteer drivers used? ........................................................................................................... □ Yes □ No
   If yes, please provide details: __________________________________________________________________

5. Are there any household drivers under the age of twenty-one (21)? ............................................. □ Yes □ No

CLASS SPECIFIC QUESTIONS

1. Taxis and car service: are there any drivers other than the named insured and/or spouse? .......... □ Yes □ No

2. Taxis, car service and airport taxi/limo:
   Are all trips dispatched by the named insured and/or spouse? ....................................................... □ Yes □ No
   If no, please provide name of dispatcher: ______________________________________________________
   Do drivers wear formal chauffeur attire? .......................................................................................... □ Yes □ No
3. **Charter or sightseeing buses**: list the four most frequent trips made in the past year:

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<thead>
<tr>
<th>Starting Point</th>
<th>Final Destination</th>
<th>Number of Miles</th>
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Indicate mileage of your longest trip from starting point to final destination: ______________________

4. **Van pool, provide a copy of the contract.**

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

   If yes, list company name: ____________________________

Refer to the application form for State Fraud Warnings.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S NAME AND TITLE: ________________________________

APPLICANT’S SIGNATURE: ________________________________ DATE: ____________

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: ________________________________ DATE: ____________

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.