**TRANSPORTATION SERVICES PROGRAM SUPPLEMENTAL APPLICATION**
(Complete in addition to ACORD General Liability Application)

|  |  |
| --- | --- |
| Applicant’s Name:             Location Address:              | Agency Name:       Agent No.:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. Type of transportation service provided:** [ ]  Taxi [ ]  Limo [ ]  Other

|  |
| --- |
| If other, describe nature of operation:       |

**2. Sexual and/or Physical Abuse Coverage Limits:** [ ]  $25,000 Per Claim/$50,000 Aggregate [ ]  None

**3. Number of vehicles per type (owned or leased/rented):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Passenger Car** | **Limo** | **Van** | **Bus** | **Pedicab** | **Other** |
| **Number** |       |       |       |       |       |       |

|  |
| --- |
| If other, describe:       |

**4. Does any vehicle have capacity in excess of fifteen (15) passengers?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, advise type of vehicle and number of passenger seats:       |

**5. Is there an established vehicle maintenance program?** [ ]  Yes [ ]  No

**6. Radius of operation (in miles):**

**7. Does applicant have an ICC or PUC filing?** [ ]  Yes [ ]  No

**8. Are state or local business licenses required?** [ ]  Yes [ ]  No

**9. Are background checks or investigations performed and MVRs obtained as part of the pre-
employment criteria?** [ ]  Yes [ ]  No

**10. Does applicant have common ownership with, contracts with or provides services for an assisted living, convalescent or nursing home facility?** [ ]  Yes [ ]  No

**11. Does applicant subcontract any operations?** [ ]  Yes [ ]  No

If yes:

|  |
| --- |
| **a.** Description of operations subcontracted:       |

**b.** Annual cost of subcontracted work: $

**c.** Are all subcontractors required to carry General Liability and Workers Compensation Insurance? [ ]  Yes [ ]  No

If yes, minimum General Liability limits required: $

**d.** Are certificates of insurance required from all subcontractors? [ ]  Yes [ ]  No

**e.** Is applicant included as additional insured on all subcontractors’ policies? [ ]  Yes [ ]  No

**f.** Do written contracts contain hold-harmless agreements in favor of the applicant? [ ]  Yes [ ]  No

|  |
| --- |
| If no, explain when not required:       |

**12. Is liquor served or provided by applicant or subcontractor?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain:       |

**13. Does applicant provide or plan to provide any of the following services?**

Air transportation services? [ ]  Yes [ ]  No

Ambulance/Emergency transportation services? [ ]  Yes [ ]  No

Cadaver (corpse) transport? [ ]  Yes [ ]  No

Carriage rides? [ ]  Yes [ ]  No

City buses? [ ]  Yes [ ]  No

Drivers provided for customers’ vehicles? [ ]  Yes [ ]  No

Emergency medical treatment? [ ]  Yes [ ]  No

Funeral transportation services? [ ]  Yes [ ]  No

Motorhomes? [ ]  Yes [ ]  No

Party buses? [ ]  Yes [ ]  No

Pedal buses (people powered)? [ ]  Yes [ ]  No

Pedicabs? [ ]  Yes [ ]  No

If yes, are pedicabs used on public streets in metropolitan areas? [ ]  Yes [ ]  No

Prisoner transportation services? [ ]  Yes [ ]  No

Pub crawls (pedal bus or motorized)? [ ]  Yes [ ]  No

Railroad transportation services? [ ]  Yes [ ]  No

Recreational vehicles? [ ]  Yes [ ]  No

Ride sharing services (i.e., Uber and Lyft)? [ ]  Yes [ ]  No

School buses? [ ]  Yes [ ]  No

Tour/Sightseeing agencies? [ ]  Yes [ ]  No

Transportation of goods or commodities? [ ]  Yes [ ]  No

Water transportation services? [ ]  Yes [ ]  No

**14. Does applicant offer marijuana/cannabis tours in the state of AK, CO, OR and/or WA?** [ ]  Yes [ ]  No

**15. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, describe:       |

**16. Does applicant have any other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain and advise where insured:       |

**17. Automobile Policy Information (include copy of vehicle schedule):**

Policy Number:

Insurance Carrier:

Limits of Liability: $

Expiration Date:

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.

**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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**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 SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

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. |