



**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.