



# Public Transportation Application

Proposed Effective Date: \_\_\_\_\_

Quote Date: \_\_\_\_\_

New  Renewal (if renewal, prior policy number) \_\_\_\_\_

Carrier: \_\_\_\_\_

## APPLICANT INFORMATION

1. Name of Applicant: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
 Street City County State Zip Code

3. Business Address: \_\_\_\_\_  
 Street City County State Zip Code

4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

5. Applicant is:  Corporation  Partnership  Sole Proprietor  Joint Venture  LLC  
 Other (describe): \_\_\_\_\_  
 Federal Employer Identification Number (FEIN): \_\_\_\_\_

6. List all entities to be insured, year established and detailed description of operations for each:

Entity	Year Established	Description of Operations
A. _____		
B. _____		
C. _____		
D. _____		

7. Full address and relationship to applicant (i.e. wholly owned subsidiary, parent, etc.) for each entity to be insured:

Entity	Address	Relationship to Applicant
A. _____		
B. _____		
C. _____		
D. _____		

8. Provide the following information for all officers, directors, partners and stockholders of the applicant:

Name	Function	Full/Part Time	No. of Years	Years of Transportation Experience	% Ownership

9. Provide the name(s) of public transportation entity(ies) not covered under this application in which the applicant or any of its officers, partners or stockholders have a direct or indirect ownership interest:  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. Engineering Contact Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**GENERAL INFORMATION**

**11. LOCATIONS SCHEDULE (attach additional sheet if necessary)**

Loc. No.	Bldg. No.	Street, City, County, State, ZIP	City Limits?	Interest?
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant

Loc. No.	Bldg. No.	Type of operations (office, terminal, garage, etc.)	No. of units stored inside	Max. value of units stored inside	No. of units stored outside	Max. value of units stored outside	Is lot fenced?	Year built	# of employees	Ann. Revenue	% Occ
							<input type="checkbox"/> Yes <input type="checkbox"/> No				
							<input type="checkbox"/> Yes <input type="checkbox"/> No				
							<input type="checkbox"/> Yes <input type="checkbox"/> No				
							<input type="checkbox"/> Yes <input type="checkbox"/> No				

- 12. Has your insurance ever been obtained through an Assigned Risk Plan?  Yes  No
- 13. During the past three years, has any company cancelled or refused to renew your insurance coverage (Not applicable in Missouri)?  Yes  No
- 14. Is there any exposure to flammables, explosives or chemicals?  Yes  No
- 15. Is there any catastrophe exposure?  Yes  No
- 16. Does applicant have any other insurance with this company or is any being submitted?  Yes  No
- 17. Are there any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?  Yes  No
- 18. During the last five years (ten in Rhode Island), has any applicant been indicted for or convicted of any degree of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?  Yes  No
- 19. Are there any uncorrected fire code violations?  Yes  No
- 20. Have there been any bankruptcies, tax or credit liens against the applicant in the past five years?  Yes  No
- 21. Has business been placed in a trust?  Yes  No  
If Yes, name of trust: \_\_\_\_\_

**OPERATIONS INFORMATION**

- 22. Are any ICC, PUC or other filings required?  Yes  No
- 23. DOT and FWHA Docket Number: \_\_\_\_\_ MC: \_\_\_\_\_
- 24. List states in which you have operating authority on file. Include name and address exactly as it appears on Granted Authority:  
\_\_\_\_\_

25. List Single State Registration State: \_\_\_\_\_

26. Have you ever lost or had authority withdrawn by any regulatory authority (Interstate Commerce Commission, Public Utilities Commission, etc.) or are you under probation?  Yes  No  
 If **Yes**, explain: \_\_\_\_\_

27. Do your vehicles ever transport any commodities other than passengers or mail?  Yes  No  
 If **Yes**, describe types of commodities and include copies of bills of lading or copies of contracts.  
 \_\_\_\_\_

28. Do your vehicles ever transport professional athletes or entertainment groups?  Yes  No  
 If **Yes**, explain: \_\_\_\_\_

29. List your estimated mileage, gross receipts, payroll and average number of revenue-producing units for the (1) Proposed and (2) Current Policy Periods. List (3) Actual information for your four previous policy periods.

	Mileage	Gross Receipts	Payroll	Units
(1) Proposed policy period		\$	\$	
(2) Current policy period		\$	\$	
(3) 20_____		\$	\$	
20_____		\$	\$	
20_____		\$	\$	
20_____		\$	\$	

30. For each of the following, indicate your projected receipts, total mileage and number of units for the proposed policy period.

	Receipts	Mileage	Number of Units
Airport	\$		
Employee Haul			
Under 50 miles	\$		
Over 50 miles	\$		
Sightseeing			
Under 50 miles	\$		
Over 50 miles	\$		
Regular Route Intercity			
Under 50 miles	\$		
51 to 200 miles	\$		
Over 200 miles	\$		
Charter			
Under 50 miles	\$		
51 to 200 miles	\$		
Over 200 miles	\$		
Urban under 50 miles	\$		
Limousine	\$		
Other:	\$		
Other:	\$		
Other:	\$		

31. List the destinations of the five longest trips made in the past 12 months:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

32. Describe any significant changes in your operation during the past four years and any anticipated changes in your operations during the proposed policy period:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

33. Do you have any Rail Operations of any type?  Yes  No  
 If **Yes**, specify: \_\_\_\_\_

**DRIVER INFORMATION**

**34. DRIVERS SCHEDULE** (attach additional sheet if necessary)

Name	Address	Lic. State	Lic. Number	Year Licensed	Date of Birth	Date of Hire	Years Exp	Full/Part Time

35. Current total number of drivers: \_\_\_\_\_

36. During the past 12 months, how many drivers have you: Replaced? \_\_\_\_\_ Added? \_\_\_\_\_

37. Drivers pay scale is:  Union  Non-Union

38. Drivers pay is calculated by:  Trip  Mileage  Hourly  Other (explain): \_\_\_\_\_

39. Drivers maximum hours:  
 Driving: Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_  
 On Duty: Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_

40. Do you ever lease vehicles with drivers?  Yes  No  
 If Yes, explain: \_\_\_\_\_

41. Do you provide Workers' Compensation for ALL drivers?  Yes  No

42. Are there any drivers with convictions for moving traffic violations?  Yes  No  
 If Yes, explain: \_\_\_\_\_

**VEHICLE INFORMATION**

**43. VEHICLE SCHEDULE** (attached additional sheet if necessary)

Loc. No.	Vehicle No.	Year	Make/Model	VIN	Use*	Seating Capacity	Stated Amount	Wheelchair Accessible?

\*Use – (R) Route; (C) Charter; (A) Airport; (SS) Sightseeing; (SR) Service; (P) Private Passenger Type; (L) Limousine; (D) Double Decker, (O) Other (describe): \_\_\_\_\_

Select all coverages that apply to each unit

Loc. No.	Vehicle No.	Liability	No-Fault	Add'l No-Fault	Med Pay	UM	UIM	Spec Cause Of Loss	Comp	Coll	Towing & Labor	Rent Reim
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**44. Private Passenger Vehicles:**

Use of vehicles:  Business only  Business and pleasure

Operated by:  Employees only  Family/Spouse  Other (explain): \_\_\_\_\_

**45.** Is any equipment garaged or stored at a location other than those listed in the LOCATIONS SCHEDULE?  Yes  No

**46.** With the exception of any encumbrances, are any vehicles not solely owned by and registered to the applicant?  Yes  No

**47.** Do over 50% of the employees use their autos in the business?  Yes  No

**48.** Are any vehicles leased to others?  Yes  No

**49.** Are any vehicles customized, altered or have special equipment?  Yes  No

**50.** Are any vehicles owned but not scheduled on this application?  Yes  No

**51.** Has the agent inspected the vehicles?  Yes  No

**52.** Any hold harmless agreements?  Yes  No

Explain all **Yes** responses to questions 45 – 52 above: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAINTENANCE INFORMATION**

**53.** Do you have a vehicle maintenance program?  Yes  No

**54.** Do you service your own vehicles?  Yes  No

If **No**, who does? \_\_\_\_\_

**55.** How many mechanics do you employ? \_\_\_\_\_

**56.** Have you serviced or repaired any vehicles of others in the past 12 months?  Yes  No

If **Yes:** Estimated annual revenue from this work: \_\_\_\_\_

Types of work performed: \_\_\_\_\_

Types of vehicles serviced: \_\_\_\_\_

**57.** Do you store vehicles of others?  Yes  No

**58.** If you service or store vehicles of others, what is the Maximum value of equipment of others on your premises for each location?

Location No. \_\_\_\_\_ \$ \_\_\_\_\_

Location No. \_\_\_\_\_ \$ \_\_\_\_\_

Location No. \_\_\_\_\_ \$ \_\_\_\_\_

Location No. \_\_\_\_\_ \$ \_\_\_\_\_

59. Does your vehicle maintenance program include the following:
- A service record of each vehicle?  Yes  No
  - Controlled inspection frequency?  Yes  No
  - Vehicle daily condition reports?  Yes  No
  - How often are these reports reviewed by management? \_\_\_\_\_

**SAFETY INFORMATION**

60. Provide name, title and years of experience of person responsible for safety. Specify other duties.

Name	Title	Years Experience	Other Duties
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61. Do your driver selection procedures include:
- Written application?  Yes  No
  - Reference checks?  Yes  No
  - Written test?  Yes  No
    - If **Yes**, Certification?  Yes  No
  - Road test?  Yes  No
    - If **Yes**, Certification?  Yes  No
  - Physical Exam
    - Pre-employment?  Yes  No
    - Federal DOT requirements?  Yes  No
    - State DOT requirements?  Yes  No
    - Periodically during employment?  Yes  No
  - Explain: \_\_\_\_\_
  - Drug and alcohol testing
    - Pre-employment?  Yes  No
    - Ongoing?  Yes  No
    - Random?  Yes  No
  - Obtaining driver MVR records
    - Pre-employment?  Yes  No
    - Post-employment?  Yes  No
    - Periodically during employment?  Yes  No
  - Explain: \_\_\_\_\_
62. Does driver indoctrination include:
- Company rules and policies?  Yes  No
  - Daily DOT vehicle inspection procedures?  Yes  No
  - Equipment familiarization?  Yes  No
  - Route familiarization?  Yes  No
  - Emergency Procedures?  Yes  No
  - Accident Reporting Procedures?  Yes  No
63. Does road supervision include:
- Mechanical recording devices?  Yes  No
  - Radio Dispatch?  Yes  No
  - Global Positioning System (GPS)?  Yes  No
64. Are accident investigation and review procedures, including records, maintained?  Yes  No
- If **Yes**, do the review procedures include disciplinary procedures?  Yes  No
- Explain: \_\_\_\_\_

Attach copies of latest DOT or applicable state authority inspection reports, if such inspections are made.

**GENERAL LIABILITY – Check if not applicable**

**65. CLASSIFICATION SCHEDULE (attach additional sheet if necessary)**

Loc. No.	Haz. No.	Classification	Class Code	Premium Basis	Exposure	Terr	Rate		Premium	
							Prem/Ops	Products	Prem/Ops	Products

Rating and Premium Basis (P) Payroll – Per \$1,000/Pay (C) Total Cost – Per \$1,000/Cost (U) Unit – Per Unit  
 (S) Gross Sales – Per \$1,000/Sales (A) Area – Per 1,000 Sq Ft (M) Admissions – Per 1,000/Adm (T) Other

**66. Complete the following information for each location:**

Loc. No.	Office (area)	Garage (area)	Parking (area)	Vacant Land (area)

**67. Describe any other General Liability exposures:**

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- 68. Any medical facilities provided or are medical professionals employed or contracted?  Yes  No
- 69. Is there any exposure to radioactive/nuclear materials?  Yes  No
- 70. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)  Yes  No
- 71. Any operations sold, acquired, or discontinued in the last five years?  Yes  No
- 72. Is any machinery or equipment loaned or rented to others?  Yes  No
- 73. Any watercraft, docks or floats owned, hired or borrowed?  Yes  No
- 74. Any parking facilities owned or rented  
If **Yes**, is a fee charged for parking?  Yes  No
- 75. Are recreation facilities provided?  Yes  No
- 76. Is there a swimming pool on the premises?  Yes  No
- 77. Are sporting or social events sponsored?  Yes  No
- 78. Are any structural alterations contemplated?  Yes  No
- 79. Is any demolition exposure contemplated?  Yes  No
- 80. Has applicant been active in or is currently active in joint ventures?  Yes  No
- 81. Does applicant lease employees to or from other employees  Yes  No
- 82. Is there a labor interchange with any other business or subsidiary?  Yes  No
- 83. Are day care facilities operated or controlled?  Yes  No
- 84. Has any crime occurred or been attempted on your premises within the last three years?  Yes  No
- 85. Does the businesses' promotional literature make any representations about the safety or security of the premises?  Yes  No

Explain all **Yes** responses to questions 68 – 85: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTRACTORS – Check if not applicable**

86. Describe any Contractual exposures (include copies of contracts):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

87. Amount paid to subcontractors: \$ \_\_\_\_\_ Percentage of work subcontracted: \_\_\_\_\_ %  
 Number of full-time staff: \_\_\_\_\_ Number of part-time staff: \_\_\_\_\_

- 88. Do any operations include blasting or utilize or store explosive material?  Yes  No
- 89. Do any operations include excavation, tunneling, underground work or earth moving?  Yes  No
- 90. Do your subcontractors carry coverage or limits less than yours?  Yes  No
- 91. Are subcontractors allowed to work without providing you with a Certificate of Insurance?  Yes  No
- 92. Does applicant lease equipment to others with or without operators?  Yes  No

Explain all **Yes** responses to questions 88 – 92 above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRODUCTS/COMPLETED OPERATIONS – Check if not applicable**

93. PRODUCTS/COMPLETED OPERATIONS SCHEDULE

Product	Annual Gross Sales	# of Units	Time in Market	Expected Life	Intended Use	Principal Components

- 94. Does applicant install, service or demonstrate products?  Yes  No
- 95. Are foreign products sold, distributed or used as components?  Yes  No
- 96. Is research and development conducted or new products planned?  Yes  No
- 97. Any guarantees, warranties or hold harmless agreements?  Yes  No
- 98. Any products related to aircraft/space industry?  Yes  No
- 99. Any products recalled, discontinued or changed?  Yes  No
- 100. Are products of others sold or re-packaged under applicant's label?  Yes  No
- 101. Any products under labels of others?  Yes  No
- 102. Is vendor's coverage required?  Yes  No
- 103. Does any named insured sell to other named insureds?  Yes  No

Explain all **Yes** responses to questions 94 – 103 above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR CARRIER INFORMATION AND LOSS EXPERIENCE**

104. Provide the following coverage information for the current and past four AUTOMOBILE policy periods:

	Current	First Prior	Second Prior	Third Prior	Fourth Prior
Insurance Carrier					
Address					
Auto Liability Limits	\$	\$	\$	\$	\$
Deductible or SIR	\$	\$	\$	\$	\$
Total Premium	\$	\$	\$	\$	\$

105. Provide the following coverage information for the current and past four GENERAL LIABILITY policy periods:

	Current	First Prior	Second Prior	Third Prior	Fourth Prior
Insurance Carrier					
Address					
Limits					
General Agg	\$	\$	\$	\$	\$
Prod/Comp Ops	\$	\$	\$	\$	\$
Pers/Adv Injury	\$	\$	\$	\$	\$
Each Occurrence	\$	\$	\$	\$	\$
Fire Damage	\$	\$	\$	\$	\$
Med Exp	\$	\$	\$	\$	\$
BI/PD	\$	\$	\$	\$	\$
Stop Gap	\$	\$	\$	\$	\$
Total Premium	\$	\$	\$	\$	\$

106. Provide the following loss information for the current and past five policy periods (attach additional sheet if necessary)

Date of Occurrence	Line	Description	Amount Paid	Amount Reserved	Status
	<input type="checkbox"/> Automobile <input type="checkbox"/> General Liability		\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
	<input type="checkbox"/> Automobile <input type="checkbox"/> General Liability		\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
	<input type="checkbox"/> Automobile <input type="checkbox"/> General Liability		\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
	<input type="checkbox"/> Automobile <input type="checkbox"/> General Liability		\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
	<input type="checkbox"/> Automobile <input type="checkbox"/> General Liability		\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Must attach loss runs from your insurance carriers for each of the last five policy periods. Provide additional details on any loss occurrences that exceeded \$25,000 or involved a fatality or serious injury.

**COVERAGE INFORMATION**

107. Specify below the AUTOMOBILE coverages and limits desired:

Coverage	Limit
Auto Liability*	\$
Personal Injury Protection (PIP/No Fault)	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan only)	\$
Uninsured Motorists	\$
Underinsured Motorists	\$
Hired Auto Liability	\$
Towing and Labor	\$
Rental Reimbursement (per day)	\$
Employer's Non-Ownership Liability	\$
Other (specify):	\$

\* Maximum Auto Liability Limit is \$1,000,000. Complete umbrella/excess section for additional limits

108. Specify below the AUTOMOBILE deductibles desired:

Coverage	Deductible	
	Bus	All Other
Specified Causes Of Loss	\$	\$
Comprehensive	\$	\$
Collision	\$	\$

**You must also complete the Business Auto section of ACORD 137 for each state that AUTOMOBILE insurance applies.**

109. Specify below the GENERAL LIABILITY coverages and limits desired:

Coverage	Limit
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage To Rented Premises (each occurrence)	\$
Medical Expense (any one person)	\$
Stop Gap Liability	\$ / /

**ADDITIONAL INTERESTS (Attach ACORD 45 to list additional names)**

110. Business Auto Additional Interest/Certificate Recipient

Interest	Rank:	Name and Address	Reference #	<input type="checkbox"/> Cert. Required	Interest in Item Number
<input type="checkbox"/> Additional Insured					Vehicle:
<input type="checkbox"/> Loss Payee					Scheduled Item Number:
<input type="checkbox"/> Lienholder					Other
<input type="checkbox"/> Employee As Lessor					
<input type="checkbox"/> Owner					
<input type="checkbox"/> Registrant		Item Description:			
<input type="checkbox"/>					

111. General Liability Additional Interest/Certificate Recipient

Interest	Rank:	Name and Address	Reference #	<input type="checkbox"/> Cert. Required	Interest in Item Number	
<input type="checkbox"/> Additional Insured					Location:	Building:
<input type="checkbox"/> Loss Payee					Vehicle:	Boat:
<input type="checkbox"/> Mortgagee					Scheduled Item Number:	
<input type="checkbox"/> Lienholder					Other	
<input type="checkbox"/> Employee As Lessor						
<input type="checkbox"/>		Item Description:				

**STATEMENT FROM APPLICANT**

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY**

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

Receipt and review of this application does not bind the Insurer to provide this insurance.

It is agreed by the applicant and the Insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the Insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the applicant and the prospective Insureds. It is further agreed by the applicant and the prospective Insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry of all prospective Insureds, the undersigned authorized officer of the applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct.

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our filed and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Signing of this application does not bind the applicant or the Insurer.

Inspections and Surveys: We have the right to make inspections and surveys at any time; give you reports on the conditions we find; and recommend changes. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. We do not warrant that conditions are safe or healthful; or comply with laws, regulations, codes or standards.

The above applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

This condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and /or authorization or agreement to bind the insurance.

Applicant signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

**FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES**

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 statement is guilty of a felony of the third degree.

**KANSAS:** A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer or purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of or the rating of, an insurance policy for commercial or personal insurance, or a claim of payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NEW YORK:**

**Other than Automobile:**

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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Automobile:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or 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.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**PENNSYLVANIA:** 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 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.

**TENNESSEE:** 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.

**VIRGINIA:** 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.

**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.

**REMINDER**

**SEND COMPLETED FORM TO**

**State Administrator Name:** S.H. Smith And Company Attention: Program Division

20 Church Street, Suite 1500

Hartford

CT

06103

**Street**

**City**

**State**

**Zip Code**

**Phone Number:** (800) 356-0168

**Fax Number:** (860) 329-7648

**Agent's License Number:** \_\_\_\_\_

Coverage is underwritten by Zurich American Insurance Company, Zurich American Insurance Company of Illinois and American Guarantee and Liability Insurance Company, members of Zurich Financial Services.

**WEB APPLICATION**