



PUBLIC TRANSPORTATION QUESTIONNAIRE

(To be completed to provide coverage under the Commercial Auto Policy)

The following information must be provided to properly underwrite any vehicle used to transport passengers:

1. What is the exact use of the vehicle? _____

2. Who will operate the vehicle? _____

Please provide copies of current motor vehicle reports or the information needed to obtain them.
(ie: each driver's full name, birth date and driver's license number)

3. What criteria is used in the hiring of drivers? (Explain) _____

4. Is a fleet safety program in place? If so, please describe _____

5. Are vehicles ever loaned or given to employees for their use? Yes No

6. Is the vehicle equipped with seat belts for passengers? Yes No Drivers Yes No

7. What is/are the type(s) of vehicle(s) used? (ie: shuttle, bus, van) _____

Capacity of vehicles(s):	8 or less	9-20	21-60	60 or more
Total number leased	# _____	# _____	# _____	# _____
Total Number owned	# _____	# _____	# _____	# _____
Average days per week used	# _____	# _____	# _____	# _____
Radius of operation:	<input type="checkbox"/> less than 50 miles (local)	<input type="checkbox"/> 51 - 200 miles	<input type="checkbox"/> 60 or more	

8. What is the average term of the lease? _____

9. Cost of Hire for Season: _____

10. Is the leasing or rental company providing the primary insurance for the vehicle? Yes No
If Yes, please attach a certificate of insurance.

11. What percentage of driving takes place on: Paved/Main Roads _____% Dirt/Gravel Roads _____%
Steep/Winding Grades _____%

12. Who is responsible for maintenance of vehicles? _____

13. Do you maintain a maintenance schedule and daily pre-use inspection log? Yes No
If Yes, please provide a sample copy.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Applicant's Name (print)

Date (MM/DD/YY)

Producer's Signature (if applicable)

Producer's Name (print)

Date (MM/DD/YY)