

Special Types Application

Name (and "dba")		Policy Term From:	To:
<input type="checkbox"/> Individual/Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		Business phone:	
Mailing Address:	City:	St:	Zip:
Premises Address:	City:	St:	Zip:
Person to contact for inspection (name and phone number)			
Have you ever had insurance with one of the companies listed at the top of this page? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, policy number(s)		Effective date(s)	

Description Of Operations

Describe business			
Years experience	New Venture? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is this your primary business? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, explain		
Is your business seasonal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your business for hire/for profit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever filed for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when	Explain	
Gross receipts last year	Estimate for coming year	Business for sale? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you operate in more than one state? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list states		
What is the largest city entered within your radius of operation?			

LIABILITY COVERAGE - Complete for desired coverages by indicating limits of insurance.

LIABILITY				Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED – REFER TO FOLLOWING PAGE. COMPLETE HIRED AND NON-OWNED SUPPLEMENT IF COVERAGE DESIRED.
Combined Single Limit BI & PD	Split Limits					
	Bodily Injury		Property Damage			
	Per Person	Per Accident	Per Accident			

UNINSURED/UNDERINSURED MOTORIST COVERAGE

Single Limit	Split Limits		
	Bodily Injury		Property Damage
	Per Person	Per Accident	Per Accident

DRIVER INFORMATION - If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in class/type)	Type of Unit (bus, van, truck, tractor, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, hit & run, manslaughter, reckless, driving while suspended/revoked, speed contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

Does applicant have attendant=s E&O coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
What is the basis for driver(s) pay? <input type="checkbox"/> Hourly <input type="checkbox"/> Trip <input type="checkbox"/> Mileage <input type="checkbox"/> Other, explain				
Are drivers covered by workers compensation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Minimum years driving experience required		
Are vehicles owner-driven only? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you agree to report all newly hired operators? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are drivers ever allowed to take vehicles home at night? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, will family members drive? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you order MVRs on all drivers prior to hiring? Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver's maximum driving hours <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>daily</td><td>weekly</td></tr></table>	daily	weekly
daily	weekly			

SCHEDULE OF AUTOS/VEHICLES - Describe all vehicles for which application is made for insurance.

Veh. No.	Model Year	Vehicle Make & Model	Body Type (truck, tractor, trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of Rear Axles	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

PURPOSE OF USE ABBREVIATION MUST BE SELECTED FOR EACH VEHICLE

Veh. No.	Purpose of Use	Emergency Lights & Sirens (Yes or No)	ALS Advanced Life Support BLS Basic Life Support BV Box Van CP Cherry Picker CV Cargo Van F Flower Car H Hearse L Limo LT Ladder Truck	MTA Medical Transportation OR Off Road Auto OV Other Van PC Police Car PPT Private Passenger Type PT Pumper Truck PU Pick Up PV Passenger Van RT Rescue Truck SP Snow Plow	SS Street Sweeper ST Semi-Trailer T Truck TA Transfer Ambulance TR Trailer TT Truck Tractor UT Utility Trailer WT Water Truck Other, describe
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

PHYSICAL DAMAGE COVERAGE - Complete spaces below in detail for each respective auto/vehicle described above.

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible	
						<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Any loss payees? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give name and address of mortgagee/loss payee for each vehicle
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Is the transportation of people your primary business? Yes <input type="checkbox"/> No <input type="checkbox"/>				Are vehicles leased to drivers? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Do you transport physically disabled individuals? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, what percentage of the time							
Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>											
If no, explain											
Number of Vehicles Owned by You:		Ambulances		Wheel Chair Vans		Priv. Pass. Types		Fire Trucks			
		Rescue Trucks		Police Cars		Hearses		Limos		Other	
Number of Vehicles Owned by You:		Ambulances		Wheel Chair Vans		Priv. Pass. Types		Fire Trucks			
		Rescue Trucks		Police Cars		Hearses		Limos		Other	
LOSS EXPERIENCE - Provide prior insurance carriers information for past full three years.											
Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves				
From	To				Liab	Phys Dam	BI	PD	Comp/ Coll	Other	
Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes <input type="checkbox"/> No <input type="checkbox"/>											
If yes, provide complete details											
Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>											
If yes, explain											
OPERATION INFORMATION - Complete only those sections relating to your operations.											
AMBULANCE AND MEDICAL TRANSPORTATION VEHICLES											
Do autos without lights and sirens have lifts, ramps or wheelchair tie downs?											
If yes, show auto numbers from schedule											
Do autos without lights and sirens have stretchers or gurneys? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, show auto numbers from schedule							
How is gurney or wheelchair securely clamped for transportation?											
Any autos operated 24 hours per day? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, show auto numbers from schedule							
Is special driver training given? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, explain							
What methods and qualifications are used for driver selection?											
Are you the primary response unit for emergency (911) calls? Yes <input type="checkbox"/> No <input type="checkbox"/>											
What percent of your ambulance dispatches are: Emergency (Code 3 or 4)? Yes <input type="checkbox"/> No <input type="checkbox"/>						Non-Emergency (Code 1 or 2)?					
What procedure is required of drivers as they approach a red light?											
Is your operation privately owned? Yes <input type="checkbox"/> No <input type="checkbox"/>											
If privately owned, are you affiliated with a taxi or other transportation company? Yes <input type="checkbox"/> No <input type="checkbox"/>											
If yes, explain											
DRIVER TRAINING PROGRAMS											
Is operation part of a school curriculum?				Is classroom instruction given?							
Are all driver training autos equipped with dual brakes? Yes <input type="checkbox"/> No <input type="checkbox"/>											
If no, identify by auto number from schedule any that do not have dual brakes:											
Are autos equipped with any other dual controls? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, explain							
Is there any personal use of the automobiles? Yes <input type="checkbox"/> No <input type="checkbox"/>											
FIRE DEPARTMENTS											
Is your operation owned by a municipality? Yes <input type="checkbox"/> No <input type="checkbox"/>											
What procedure is required of drivers as they approach a red light? Yes <input type="checkbox"/> No <input type="checkbox"/>											
Is special driver training given? Yes <input type="checkbox"/> No <input type="checkbox"/>				What methods are used for driver selection?							
Are volunteers allowed to drive? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, is the same driver selection and special training used? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Do ladder truck drivers have special training? Yes <input type="checkbox"/> No <input type="checkbox"/>				How many runs/calls are made per year per fire truck? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Is your operation volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>											

FUNERAL DIRECTORS		
Are hearses also used as ambulances? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what percent is ambulance	
Are limousines used for other purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain and show percentage	
LAW ENFORCEMENT AGENCIES		
Are officers given training in defensive driving? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are officers given training in high-speed and pursuit driving? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What procedure is required of drivers as they approach a red light?		
SECURITY PATROLS		
Do vehicles operate 24 hours a day? Yes <input type="checkbox"/> No <input type="checkbox"/>	Any special training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are weapons carried? Yes <input type="checkbox"/> No <input type="checkbox"/>
Percentage of surveillance	Patrolling	
Additional comments		
FILING INFORMATION		
Is an FHWA filing required? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, MC number	
What authority do you have? <input type="checkbox"/> Common <input type="checkbox"/> Contract <input type="checkbox"/> Broker		
If you hold a broker's license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations		
If you are an interstate regulated carrier, identify your registration or base state		
Is an intrastate filing needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, show state and permit number	
Show exact name and address in which permits are issued		
Is MCS 90 endorsement needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, explain		
Do you enter Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you enter Mexico? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where
Have you ever changed your operating name? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you operate under any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you operate as a subsidiary of another company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you own or manage any other transportation operations that are not covered? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you lease your authority? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you appoint agents or hire independent contractors to operate on your behalf? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you purchased, sold or applied for authority over the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is evidence/certificate(s) of coverage required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please explain any "yes" answer to Questions 44 through 50		
Do you have agreements with other carriers for the interchange of equipment or transportation of loads? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, attach a copy of current agreements and complete the following:		
(a) With whom has such agreement(s) been made?		
(b) Do the parties named in (a) carry automobile liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, name of insurance company and limits of liability (bodily injury & property damage)		
(c) Under whose permit does each of the parties to the agreement(s) operate?		
(d) Is there a Hold Harmless in the agreement(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you barter, hire or lease any vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain	
Additional comments:		

MUST BE SIGNED BY THE APPLICANT PERSONALLY

This application does not bind YOU or US 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.

APPLICANT'S NAME AND TITLE:

APPLICANT'S SIGNATURE:

DATE:

PRODUCER'S SIGNATURE:

DATE:

AGENT NAME:

AGENT LICENSE NUMBER:

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.