

SUPPLEMENTAL BUS QUESTIONNAIRE

Applicant's Business Name: _____

F. E. I. N.: _____ MC# _____ or attach a copy of "Operations Authority".

The Agent/Broker currently controlling this account is: _____

Please describe in **DETAIL**, your operations: _____

Describe your 5 most frequent destinations: _____

GENERAL INFORMATION

Full Time Employees:

Part Time Employees:

The company safety policy is up to date, and is being provided to all drivers. Yes No

Our drug policy statement is given to each newly hired employee. Yes No

A copy of the Employee Assistance Program is given to newly hired employees. Yes No

All customers are accepted on a pre-arranged basis. Yes No

Are all units you own and operate scheduled on this application? If **no**, please explain: Yes No

Do you own all vehicles scheduled on this application? If **no**, please explain: Yes No

We pick-up, transport and discharge passengers at frequent local stops along a prescribed route. No Yes
If yes, attach a copy of your hours of operation and a list of scheduled runs.

We have fuel storage tanks on our premises. No Yes

Do you share dispatch services with any other company? No Yes

List below your ESTIMATED mileage, gross receipts, payroll and average number of revenue producing units for the PROPOSED, CURRENT and 3 PREVIOUS policy periods.

POLICY PERIOD	YEAR	MILEAGE	GROSS RECEIPTS	PAYROLL	REVENUE UNITS
Proposed					
Current					
1 st Prior					
2 nd Prior					
3 rd Prior					

For each of the following categories, indicate your projected (A) receipts for the proposed policy period, (B) total mileage for the proposed policy period and (C) number of units.

Bus Category/Radius	Current Receipts	Projected Receipts	Current Mileage	Projected Mileage	# of Units	% Used
SCHOOL BUS <50 Miles 51-200 Miles >200 Miles						
AIRPORT SHUTTLE <50 Miles 51-200 Miles >200 Miles						
ENTER-TAINMENT BUS <50 Miles 51-200 Miles >200 Miles						
SIGHT-SEEING <50 Miles 51-200 Miles >200 Miles						

Bus Category/Radius	Current Receipts	Projected Receipts	Current Mileage	Projected Mileage	# of Units	% Used
REGULAR ROUTE <50 Miles 51-200 Miles INTERCITY >200 Miles						
CHARTER <50 Miles 51-200 Miles >200 Miles						
URBAN < 50 Miles 51-200 Miles >200 Miles						
OTHER (Describe)						

DRIVER INFORMATION

We check our driver's MVR's : Annually Semi-Annually After an Accident

Are MVR's required prior to hiring? Yes No

Are all drivers required to have a minimum of 2 years experience in similar type vehicles? Yes No

Each driver is given a driving test prior to hire. Yes No

We require all drivers to possess a valid Commercial Driver's License (CDL) with Passenger Endorsement. Yes No

We require all drivers to take a physical before hire. Yes No

We conduct random and reasonable "for cause" drug testing. Yes No

We have post accident drug testing procedures in place. Yes No

Any drivers not covered by Workers Compensation? Yes No

Do you have trips over 500 miles? Yes No

If **yes**, how do you control driver fatigue? _____

Which of the following "Metropolitan Areas" and states are entered or traveled through? (Note: "Metropolitan Areas" is not limited to city limits only.)

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Atlanta (01) | <input type="checkbox"/> Dallas/Ft Worth (09) | <input type="checkbox"/> Little Rock (17) | <input type="checkbox"/> New Orleans (25) | <input type="checkbox"/> Richmond (33) |
| <input type="checkbox"/> Balti/Wash (02) | <input type="checkbox"/> Denver (10) | <input type="checkbox"/> Los Angeles (18) | <input type="checkbox"/> New York City (26) | <input type="checkbox"/> St. Louis (34) |
| <input type="checkbox"/> Boston (03) | <input type="checkbox"/> Detroit (11) | <input type="checkbox"/> Louisville (19) | <input type="checkbox"/> Oklahoma City (27) | <input type="checkbox"/> Salt Lake City (35) |
| <input type="checkbox"/> Buffalo (04) | <input type="checkbox"/> Hartford (12) | <input type="checkbox"/> Memphis (20) | <input type="checkbox"/> Omaha (28) | <input type="checkbox"/> San Francisco (36) |
| <input type="checkbox"/> Charlotte (05) | <input type="checkbox"/> Houston (13) | <input type="checkbox"/> Miami (21) | <input type="checkbox"/> Phoenix (29) | <input type="checkbox"/> Tulsa (37) |
| <input type="checkbox"/> Chicago (06) | <input type="checkbox"/> Indianapolis (14) | <input type="checkbox"/> Milwaukee (22) | <input type="checkbox"/> Philadelphia (30) | |
| <input type="checkbox"/> Cincinnati (07) | <input type="checkbox"/> Jacksonville (15) | <input type="checkbox"/> Minn./St. Paul (23) | <input type="checkbox"/> Pittsburgh (31) | |
| <input type="checkbox"/> Cleveland (08) | <input type="checkbox"/> Kansas City (16) | <input type="checkbox"/> Nashville (24) | <input type="checkbox"/> Portland (32) | |

DRIVER SUPERVISION

Would you know if a driver's license was suspended? Yes No

Do employees take vehicles home? Yes No

If **yes**, is there a written company policy, which prohibits operation by household members? Yes No

VEHICLE INFORMATION

Storage of Vehicles: Open Lot Fenced Covered If Covered, how many in facility at one time? _____

Protection: Private Security Alarm System 24 Hour Operation None

Max values at any one location: _____

Our vehicles are serviced on the following regular basis: 3,000 miles Monthly Semi-annually Other

Who provides maintenance on your vehicles? _____

Are they DOT qualified? Yes No

If "No" explain. _____

Do your vehicles display promotional lettering or advertisement? No Yes

Do your vehicles have special equipment to transport the handicapped? No Yes

Are daily or pre-trip inspections made? Yes No

Does your state require annual inspections? Yes No

If yes, please attach a copy of your last inspection record for all vehicles over 10 years of age.

We meet (check all applicable): Federal _____ State _____ County _____ City _____ Other _____ driver qualification and vehicle inspection requirements outlined in the State Department of Transportation and/or the Federal Motor Carrier Regulations.

Attach a copy of currently valued loss runs from your insurance carrier(s) for each of the past three-(3) full policy years. If loss runs are not available, please state reasons why and include a signed statement specifying claims as to type, amount paid and amounts reserved for each policy period. Also, provide details for any loss occurrences that exceed \$25,000 or involved a fatality or serious injury. **THIS INFORMATION IS MANDATORY.**

If new in business within the past three years, please fully complete the New Venture Questionnaire.

This application is an attachment to and subject to all conditions stated in the ACORD application for your state of domicile.

APPLICANT

TITLE

DATE COMPLETED