

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
Phone: 414-778-3560 • Fax: 414-778-3598

Public Auto Supplemental Application Charter/Sightseeing/Intercity Buses

1. **Indicate type of operations conducted.** If more than once, show percentage of total:

- Charter bus: chartered for special trips, touring, picnics, outings and similar uses. %
- Sightseeing bus: accepts individual passengers for a fare for sightseeing or guided tours..... %
- Intercity bus: picks up and transports passengers on a published schedule of stops. %

2. **Give a brief description of operations:** _____

3. **List all jurisdictions where the applicant is required to file evidence of liability insurance.** Include docket numbers: _____

4. **Show the exact name and address to be used on regulatory filings:** _____

5. **Has any applicant ever had their authority suspended or revoked?** Yes No
If yes, explain: _____

6. **List the five most frequent runs made from starting point to final destination:**

- 1. _____ to _____
- 2. _____ to _____
- 3. _____ to _____
- 4. _____ to _____
- 5. _____ to _____

7. **List the five longest trips made in the past year:**

- 1. _____ to _____
- 2. _____ to _____
- 3. _____ to _____
- 4. _____ to _____
- 5. _____ to _____

8. **Have there been any material changes in operations in the past five years or are there any expected in the coming year, including plans for rapid growth or expansion?** Yes No
If yes, explain: _____

9. Does the applicant ever:

a. Lease, hire or borrow buses from others with drivers? Yes No

If yes, explain and give annual cost of hire: _____

b. Lease, hire or borrow buses from others without drivers? Yes No

If yes, explain and give annual cost of hire: _____

c. Lease, hire out or lend buses to others with drivers? Yes No

If yes, explain and give annual cost of hire: _____

d. Lease, hire out or lend buses to others without drivers? Yes No

If yes, explain and give annual cost of hire: _____

e. Do any employees use their personal autos in the applicant's business? Yes No

If yes, explain and give details: _____

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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

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 SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner, or executive officer.)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)