

Specialty Lines

UNDERWRITERS

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

Public Entity Application Commercial Automobile Section

Attach ACORD vehicle schedule and complete the following.

Legal Name of Public Entity: _____ Effective Date: _____

ATTACH ACORD 137 FOR YOUR STATE AND ACORD 127

As statutes require, a signed rejection form or lower limits selection form may be required for the following coverages:

Personal injury Protection (PIP) (or equivalent no-fault coverage)

Uninsured Motorist Insurance

Underinsured Motorist Insurance

UNDERWRITING QUESTIONS

1. Are all owned or leased vehicles covered under this program? Yes No
If "no," provide details: _____

2. Describe any location(s) with a concentration of stored vehicles whose total values exceed \$500,000.

Location	Unit Number(s) From Vehicle Schedule	Total Value(s)

3. Does the entity have any mutual aid agreements? Yes No
If "yes," please attach copies.

4. Does the insured own or operate any vehicle designed exclusively for hauling explosives, flammable or hazardous materials? Yes No
Describe: _____

5. Are autos hired by the public entity (other than schools)? Yes No

6. Do any employees drive their own vehicles in the scope of their employment? Yes No
If "yes," list employees and their occupation: _____

Are Certificates of Insurance required from these employees? Yes No

7. Are employees allowed to take vehicles home after work? Yes No
 If "yes," list employees and their occupation: _____
 Is personal use permitted?..... Yes No
8. Does the insured provide any type of transportation system? Yes No
 If "yes," explain and provide any available brochures: _____

9. Describe automobile maintenance program, including frequency: _____

 Are logs maintained for all repairs and maintenance performed? Yes No
10. Describe driver hiring practices: Under age 25?..... Yes No
 Over age 60? Yes No
 Previous driver experience?..... Yes No
 Physical exams on a regular basis? Yes No
 If "yes," frequency: _____
 Are motor vehicle reports checked? Yes No
 If "yes," what are standards? _____
 Describe driver training procedures (i.e., emergency vehicle training, defensive driving): _____

11. Is there an accident investigation program? Yes No
12. Are driver safety reviews conducted annually?..... Yes No
 If "yes," what are the standards for driver accountability: _____

13. Are MVRs updated periodically for all drivers?..... Yes No
 Frequency: _____
14. What action is taken if a driver does not meet your MVR standards? _____

15. Attach list of drivers including MVR information; indicate emergency vehicle operators.