

Specialty Lines

UNDERWRITERS

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Public Auto Supplemental Application All Other Risks—Supplemental to CA-APP-1

(Day Care Centers, Athletes, Entertainers, Casinos, Churches, Farm Laborers,
Hotels, Schools, Taxis, Van Pools or Not Otherwise Classified)

1. Applicant's Name: _____

2. Describe primary purpose of your operation and services provided: _____

3. Operation is profit or not-for-profit?
4. Is any service provided on a for hire basis? Yes No
Call and demand? Yes No
5. a. Who owns the autos being operated? _____
b. Advise relationship of autos' ownership to the applicant _____
6. Are autos totally or partially funded by a governmental entity? Yes No
7. Are others allowed to operate under your authority? Yes No
If yes, please explain: _____

8. a. Do you operate under contract or lease? Yes No
If yes, please explain: _____

- b. Is a copy of the contract attached? Yes No
9. Are any autos ever chartered or borrowed? Yes No
10. What are the hours of operation? _____
11. Is operation seasonal? Yes No
If yes, please explain: _____

12. Are autos operated on a regular route or schedule? Yes No

13. Is there any personal use of autos? Yes No

If yes, please explain: _____

14. Mark the boxes that apply to the special driver training programs available for your drivers:

- General driver orientation
- Primary first aid
- CPR
- Human relations skills
- Emergency vehicle evacuation
- Defensive driving
- Advanced first aid
- Passenger assistance training
- Non-medical emergency training
- Other – Describe: _____

15. Are volunteer drivers used? Yes No

16. What is the average age of the passengers being transported? _____

17. Are any autos wheelchair accessible? Yes No

If yes, how many? _____
What percentage of riders require wheelchair accessible transportation? _____
Describe specific wheelchair tie-down procedures _____

18. Is the use of safety restraints required for all occupants of the autos? Yes No

19. Do any autos have special modifications? Yes No

If yes, describe: _____

20. Are all autos equipped with factory original seats? Yes No

If no, describe passenger seating type: _____

21. Do you service clients with special needs, or where special security or handling would be needed? Yes No

If yes, describe: _____

22. Are passengers assisted in or out of the autos? Yes No

If yes, provide percentage of:

_____ % curb to curb assisted;

_____ % door to door assisted;

_____ % door through door assisted.

23. Are autos equipped with flashing lights and automatic stop signs? Yes No

24. Are autos used to transport professional athletes or entertainers? Yes No

If yes, who? _____

25. Is the applicant required to register with the federal government in accordance with the Migrant and Seasonal Agricultural Worker Protection Act (29 USCA Section 1801)? Yes No

26. Where are keys kept while the autos are not in use? _____

27. Do you have a maintenance department for service/repair on autos? Yes No

If no, what arrangements are made to provide regular maintenance of autos? _____
