

B. Vehicle Activity And Sales

	Total Number	Total Receipts	Radius of Operation	Type of Operation
Charter Buses	_____	_____	_____	_____
Mini Buses	_____	_____	_____	_____
Vans	_____	_____	_____	_____
Limos	_____	_____	_____	_____
School Buses	_____	_____	_____	_____
Service Vehicles	_____	_____	_____	_____
Private Passenger	_____	_____	_____	_____
Taxis	_____	_____	_____	_____

9. Equipment *If Not Enough Space Attach A Separate Detailed Listing*

UNIT NO.	MODEL YEAR	TRADE NAME	VEHICLE IDENTIFICATION NO. SERIAL NUMBER	BODY TYPE	SEATING CAPACITY	CURRENT MARKET VALUE	LICENSE PLATE #	PURPOSE OF USE
1.								
2.								
3.								
4.								
5.								

*Please be specific completing this column with any and all of the following symbols that are applicable. If any vehicle used for more than one purpose, explain fully.

- | | | |
|-------------------------------|---------------------------|--|
| AB - Airport Bus or Limousine | L - Public Livery | SSB - Sightseeing Bus |
| CB - Charter Bus | PL - Private Livery | TAE - Transportation of Athletes or Entertainers |
| CHB - Church Bus | PPC - Private Pass. Cars | TE - Transportation of Employees |
| CTB - City Transit Bus | SB - School Bus | UB - Urban Bus |
| GP - Inter-city Bus | SBG - Boy or Girl Scout | VP - Van Pool |
| HB - Hotel Courtesy Bus | SC - Sen. Citizen Bus | Others, Describe _____ |
| HC - Handicapped Bus | SSA - Social Serv. Agency | |

10. Five most frequent destinations

	Distance	% of Total Annual Trips
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____

Farthest Destination: _____

11. Descriptions of operations, including uses of all buses & unique aspects _____

12. Do you transport handicapped people? YES ___ NO ___ If yes, explain and advise estimated number, type and degree of handicap, supervision and special equipment required and provided. _____

13. Equipment leased to others? YES ___ NO ___ Equipment leased from other? YES ___ NO ___
If yes, please submit a copy of the lease agreement(s).

14. Equipment Leased with Drivers? YES ___ NO ___ Without Drivers? YES ___ NO ___

15. Name of schools for which you are under contract to transport children _____

16. Name of Loss Payee(s) _____
Or Additional Insureds _____
Address _____

17. Please provide the following information on each location where vehicles are stored/parked

PHYSICAL DAMAGE

LOCATION	LIMIT	MAXIMUM VALUE UNDER ROOF AT ANY ONE TIME
MAXIMUM 1. _____		
PER 2. _____		
LOCATION 3. _____		
MAXIMUM LIMIT FOR ALL LOCATIONS	MAXIMUM LIMITS PER VEHICLE	

18. Comprehensive General Liability (Limit will be \$1,000,000 \$2,000,000 Other)

NOTE: PRODUCTS COVERAGE IS EXCLUDED

For each location provide the following information

LOCATION	OWNED	LEASED	OFFICE AREA	PLEASE INDICATE SQ. FT. FOR GARAGE PARKING AREA	FT. FOR OUTSIDE STORAGE AREA	OUTSIDE LOT FENCED
A.	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO
B.	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO
C.	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO

19. Additional Coverages Required

Garage Liability Limit _____

Garage Keepers Legal Max. Limit _____ DED. \$250 \$500 \$1000

- Specified Perils Comprehensive
 Collision

List Of Location With Limit For Each _____

20. Loss Prevention, Drivers and Safety

NAME OF PERSON RESPONSIBLE		TITLE	PHONE NO. ()
NO OF YEARS WITH RISK	YEARS IN PUBLIC TRANSPORTATION	DESCRIBE OTHER DUTIES OF PERSON RESPONSIBLE	
SAFETY MEETINGS HELD REGULARLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIBE TYPE OF AWARD PROGRAM	FORMAL TRAINING AND SELECTION PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES HOW OFTEN?	PRESENT TOTAL UNDER 25 NO OF DRIVERS OVER MIN. AGE	WITHIN FAST YEAR NO OF DRIVERS HIRED TERMINATED	BASIS DRIVERS ARE PAID HOURS <input type="checkbox"/> REVENUE <input type="checkbox"/> TONNAGE <input type="checkbox"/> OTHER BASIS <input type="checkbox"/> MILEAGE <input type="checkbox"/> NO OF TRIPS

Remarks - Special training required, drug testing, MVR review, etc. (Note: If vehicles have wheel chair lifts, you must provide evidence of special training to operate.)

Special Filings (attach copies) is: California PUC, British Columbia, Airport Special Endorsements: _____

I.C.C. or D.O.T. Docket Number	Name and address exactly as filed
--------------------------------	-----------------------------------

22. List All Drivers (If not enough space attach a separate detailed listing.)

	Name	Date of Birth	Drivers License No.	Date Hired	Years Experience Public Auto
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

23. Previous Exposure Last Four Years

Year	# Vehicles	Gross Receipts	Mileage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. (To be signed in ink by the individual owner, a partner or executive officer of the applicant)

I hereby agree that the answers made by me to the foregoing questions are true and correct.

Applicant _____

Date _____

Title _____

Agent _____

Phone # (_____) _____

Address _____

Please Enclose

1. Loss History 4 years
2. Copy of current DMV/MVR for all operators
3. Current Declarations page from Auto policy
4. Copy of PUC-DOT authority



Western Experts in Transportation

Limousine & Airport Shuttle Supplement

- 1) Are all vehicles unmarked? Yes No
- 2) Are all vehicle operated exclusively on a prearranged basis? Yes No
- 3) Are all vehicles of the stretch variety? Yes No

If yes, please specify length on the vehicle schedule

If no, are the sedan types of the highest end luxury markets*? Yes No

- 4) Are fares charged? per trip per hour metered zone fare box
- 5) Annual mileage per unit: _____
Current odometer mileage _____ Date _____
- 6) Percentage of: Airport Exposure _____ % Business Exposure _____ %
Special Occasions _____ % Other (specify) _____ %
- 7) Does the passenger capacity exceed 8? Yes No
- 8) Does this entity also operate a taxi/taxicab business? Yes No
- 9) Will any taxi/taxicab company's names be requested:
 - a. As additional insureds? Yes No
 - b. As certificate holders? Yes No
- 10) Are drivers uniformed? Yes No
- 11) Your hours of operation: _____

* Highest end luxury makes are defined as Aston-Martin, Bentley, BMW, Cadillac, Infiniti, Jaguar, Lexus, Lincoln, Mercedes, Rolls Royce, and Volvo (current or 3 previous model years).

* Aston- Martin, Bentley, and Rolls Royce are considered classics and are not subject to model year age restriction.

Insured's Signature

Date

Western Experts in Transportation



New Business Questionnaire

"New Business" means "Less Than Two Years Old"

How many years' transportation experience driving what type of vehicles? Provide details, including prior employers/dates:

How many years' experience managing transportation business? Provide details, including prior employers/dates:

Other management experience:

Other experienced operators who will be relied upon for assistance:

What marketing techniques will be used to build business?

Yellow Pages: _____

Referrals: _____

Contracts: _____

Other:

Are there any special contractual arrangements to maintain steady flow of income? If yes, provide details:

Insured's signature

Date