



ZURICH®

# Public Auto Questionnaire

This questionnaire is to be completed in conjunction with Acord 137. Complete Acord 126 if General Liability is requested.

Applicant Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Effective Date: \_\_\_\_\_ to \_\_\_\_\_ FEIN: \_\_\_\_\_

Business Type:  Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Street, City, State, Zip Code)

Website Address: \_\_\_\_\_ Phone # (including area code): \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Attach a list of all garaging locations if different from mailing or complete the following table.

Address	City	State	Zip Code

### Coverages

Bodily Injury and Property Damage Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Uninsured/Underinsured Motorists  Statutory Limit  Other \$ \_\_\_\_\_  UM PD Limit \$ \_\_\_\_\_

Medical Payments Limit \$ \_\_\_\_\_

Personal Injury Protection(PIP) Limit \$ \_\_\_\_\_

Physical Damage  Comp or  SP  Collision Deductible \$ \_\_\_\_\_

Hired Auto  Yes  No Non Owned auto  Yes  No

Audio, Visual and Data Electronic Equipment (CA9960)  Yes  No Limit Per vehicle up to \$10,000 \$ \_\_\_\_\_

General Liability  Yes  No

Other \_\_\_\_\_ Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Other \_\_\_\_\_ Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

1. How long has current management been in place? \_\_\_\_\_

2. Any affiliation with or ownership in another livery company?  Yes  No

If yes, explain: \_\_\_\_\_

3. Has applicant filed bankruptcy in the past 7 years?  Yes  No

4. Does applicant generate revenue from any other operations?  Yes  No

If yes, explain: \_\_\_\_\_

5. Does the applicant charge for their services?  Yes  No If yes, who pays the fee? \_\_\_\_\_

6. Percent of trips scheduled 24 hours or more in advance: \_\_\_\_\_%

7. Is applicant contracted with or do they operate as an owner operator for another transportation company?  Yes  No

If yes, please provide the name of the company: \_\_\_\_\_

8. Percentage of trips of operation in the following radius categories:

0-50 _____%	101-200 _____%	301-500 _____%
51-100 _____%	201-300 _____%	501-over _____%

9. List all states in which the applicant operates: \_\_\_\_\_

10. Complete for all applicable operations. (Must total 100%)

_____ %	Airport Transportation	_____ %	Farm Labor Transport	_____ %	Senior Transportation*
_____ %	Athlete/Entertainer Transportation	_____ %	Gambling/Casino Transportation	_____ %	Sightseeing Bus
_____ %	Ambulance	_____ %	Hotel/Motel Transportation	_____ %	Social Service
_____ %	Black Car	_____ %	Inter City Bus	_____ %	Taxi
_____ %	Charter Bus	_____ %	Limousine	_____ %	Urban Bus
_____ %	Church Bus	_____ %	Non-Emergency Transportation*	_____ %	Van Pools
_____ %	Contracted Child Transport	_____ %	Parking Shuttle	_____ %	Youth Organization
_____ %	Courtesy	_____ %	Prisoner/Juvenile Transport	_____ %	Other – Details: _____
_____ %	Day Care	_____ %	Railroad Crew Transport	_____ %	
_____ %	Employee Transportation	_____ %	School Bus	_____ %	

\* Must complete the Non Emergency Transport Section

11. Does applicant allow drivers to wait at sites to solicit unscheduled passengers?  Yes  No
12. Do any of the vehicles have the following characteristics?
- a. Wheelchair lifts/spaces  Yes  No If yes, complete Non Emergency Medical Transport section
  - b. Stretched over 180"  Yes  No If yes, please provide the remanufacture information on the schedule.
  - c. Hot Tub, 3<sup>rd</sup> Wheel Axle, Fire Place  Yes  No
13. Does applicant lease or loan vehicles to others?  Yes  No If yes, Does applicant provide the driver?  Yes  No
14. Is there any personal use of scheduled autos?  Yes  No If yes, what % is personal use? \_\_\_\_\_ %
15. Does applicant allow drivers to take autos home?  Yes  No  
If questions 14 or 15 are answered yes, are all potential drivers in the household shown on the schedule?  Yes  No
16. Do all drivers have 2 or more years experience driving like vehicles?  Yes  No
17. Does applicant have a formal safety program? If yes, provide details: \_\_\_\_\_  Yes  No

18. Does applicant have a formal maintenance program? If yes, provide details: \_\_\_\_\_  Yes  No

19. Does applicant have Workers' Compensation Insurance in place?  Yes  No Carrier: \_\_\_\_\_

20. Does applicant travel to Mexico or Canada?  Yes  No If yes, provide details: \_\_\_\_\_

21. Historical operating information:

	Gross Receipts	Owned # Power Units	Owner Operator # Power Units
Current Year	\$		
1st Year Prior	\$		
2nd Year Prior	\$		
3rd Year Prior	\$		

22. Are certificates to airports needed?  Yes  No If yes, list airports: \_\_\_\_\_

23. Does applicant need any taxi cab companies listed as Additional Insured or cert holders?  Yes  No

24. Are any other Additional Insureds and/or certificates of insurance required?  Yes  No

If yes, attach a list, Acord 45 or complete the following table.

Cert/Al	Name	Address	Relationship	Type
				<input type="checkbox"/> Auto <input type="checkbox"/> GL <input type="checkbox"/> Both
				<input type="checkbox"/> Auto <input type="checkbox"/> GL <input type="checkbox"/> Both
				<input type="checkbox"/> Auto <input type="checkbox"/> GL <input type="checkbox"/> Both

25. Provide currently valued (within the last 3 months) company loss runs for the current year and 3 prior years for all lines of coverage requested. If less than 5 units, applicant may complete the following chart instead of proving loss runs.

Policy Term From	Policy Term To	Coverage (AL, APD, GL or All)	Carrier	# of Claims	Total Incurred
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> GL <input type="checkbox"/> All			\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> GL <input type="checkbox"/> All			\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> GL <input type="checkbox"/> All			\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> GL <input type="checkbox"/> All			\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> GL <input type="checkbox"/> All			\$

26. Provide a list of drivers that includes name, date of birth, years experience, driver's license number, state of issuance and date of hire or complete the following table.

Name	Date of Birth	License Number	State	# of years Driving Like Equipment	Date of Hire

27. Provide a list of equipment that includes model year, trade name, type, VIN #, seating capacity, insured value, radius, AI/LP and the name of the coach builder on all units stretched over 180" or complete the following table.

Model Year	Trade Name	Vehicle Type*	Stretch Length	if > 180" Name Of Coach Builder	VIN	Seating Capacity	<input type="checkbox"/> Stated Value or <input type="checkbox"/> OCN	Radius
							\$	
AI/LP:							\$	
AI/LP:							\$	
AI/LP:							\$	
AI/LP:							\$	
AI/LP:							\$	
AI/LP:							\$	

\*S=Sedan, SUV=Sport Utility Vehicle, V=Van, ST=Stretched, T=Trolley, B=Bus, LB=Luxury Bus, OC=Overnight Coach, D=Double Decker, O=Other

28. Max number of vehicles stored: Inside \_\_\_\_\_ Outside \_\_\_\_\_

**Hired Auto Liability - Complete only if Hired Auto is requested.**

1. Does applicant hire, rent or borrow autos from others?  Yes  No
  - a. If yes, Does applicant provide the driver?  Yes  No
  - b. If yes, provide the Estimated Cost of Hire:
 

	Current Year	\$			2 <sup>nd</sup> Prior Year	\$	
	1 <sup>st</sup> Prior Year	\$			3 <sup>rd</sup> Prior Year	\$	
  - c. Passenger Capacity of autos hired: \_\_\_\_\_
2. Does applicant arrange for another transportation company to provide "fill in" service for overflow business?  Yes  No  
 If yes, Does applicant collect money from the client and pay the other transportation company directly?  Yes  No  
 If yes:
  - a. Are the revenues included in the Estimated Cost of Hire in Question 1.b. above?  Yes  No
  - b. Is there a written contractual agreement?  Yes  No
  - c. Are they listed as additional insured on the other company's policy?  Yes  No
  - d. Does applicant get certificates of Insurance?  Yes  No
  - e. Under whose authority do they operate? \_\_\_\_\_

**Hired Auto Physical Damage - Complete only if Hired Auto Physical Damage is requested.**

Does applicant rent or use substitute equipment?  Yes  No

**Non-Owned Auto - Complete only if Non Owned Auto is requested.**

1. Do employees or volunteers ever use their own vehicles in applicants business?  Yes  No
2. If yes, or if non-owned auto coverage is being requested, provide the following:
  - a. What types of non-owned autos will be used in the applicants business? \_\_\_\_\_
  - b. For what purpose will they be used? \_\_\_\_\_
  - c. Number of non-owned autos used in the applicants business: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly
  - d. Are employees or volunteers required to have their own insurance?  Yes  No
  - e. If yes, what limits are required? \$ \_\_\_\_\_

**General Liability - Complete only if General Liability is requested.**

Coverage	Limit
General Aggregate	\$ _____ Each Occurrence \$ _____
Personal & Advertising Injury	\$ _____ Products & Completed Operations \$ _____
Damage to Rented Premises (each occurrence)	\$ _____ Medical Expense(any one person) \$ _____
Employee Benefits \$ _____ # of employees _____	Stop Gap Liability \$ _____

LOC	Classification	Class Code	Exposure

1. Does applicant operate from a personal residence?  Yes  No
2. Does applicant provide maintenance on any non-owned units?  Yes  No If Yes , provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

