



**COLONIAL GENERAL
INSURANCE AGENCY**

PUBLIC AUTO SUPPLEMENTAL APPLICATION
(Complete in addition to the Commercial Automobile Application)

1. **Applicant's Name:** _____

2. **Provide website address if applicable:** _____

3. **Description of operations (check all that apply):**

- | | | |
|---|---|---|
| <input type="checkbox"/> Airport Bus ___% | <input type="checkbox"/> Employee Transportation ___% | <input type="checkbox"/> Prisoner Transportation ___% |
| <input type="checkbox"/> Airport Limo ___% | <input type="checkbox"/> Gambling/Casino
Transportation ___% | <input type="checkbox"/> Railroad Worker
Transportation ___% |
| <input type="checkbox"/> Airport Shuttles ___% | <input type="checkbox"/> Hotel/Motel Courtesy Bus ___% | <input type="checkbox"/> School Bus ___% |
| <input type="checkbox"/> Amateur Sport Team ___% | <input type="checkbox"/> Inter City Bus ___% | <input type="checkbox"/> Sightseeing Bus ___% |
| <input type="checkbox"/> Ambulance ___% | <input type="checkbox"/> Kiddie Cab ___% | <input type="checkbox"/> Taxi ___% |
| <input type="checkbox"/> Athletes & Entertainers ___% | <input type="checkbox"/> Limousine ___% | <input type="checkbox"/> Transportation ___% |
| <input type="checkbox"/> Car Service ___% | <input type="checkbox"/> Luxury Sedan—Corporate ___% | <input type="checkbox"/> Trolley Bus ___% |
| <input type="checkbox"/> Charter Bus ___% | <input type="checkbox"/> Paratransit ___% | <input type="checkbox"/> Urban Bus ___% |
| <input type="checkbox"/> Church Bus ___% | <input type="checkbox"/> Party Bus ___% | <input type="checkbox"/> Van Pools ___% |
| <input type="checkbox"/> Courtesy Bus ___% | <input type="checkbox"/> Physically Impaired
Transportation ___% | |
| <input type="checkbox"/> Day Care ___% | | |

Other—Describe: _____

4. **Have there been any changes in operations in the past five years or are there any expected in the coming year, including plans for growth, expansion or changes in routes?** Yes No

If yes, please describe: _____

5. **Percentage of trips scheduled twenty-four (24) hours or more in advance:** ___%

6. **Operation is:**..... Profit or Not-For-Profit.

Name of non-profit organization: _____

7. **Are any trips arranged through a Transportation Network Company (ridesharing) such as Uber, Lyft, Sidecar, etc?** Yes No

If yes, provide name of company and percentage of total trips: _____

8. **Do you have any contracts of signed agreements in place to provide transportation service for a specific company?** Yes No

If yes, provide name of company and copy of contract: _____

9. **Is there a personal use of the autos?** Yes No
 If yes, please describe: _____

10. **Are drivers allowed to take vehicles home when not in use?** Yes No
 If yes, what is your policy on personal use of vehicles? _____
11. **What are the hours of operation?** _____
12. **What are the maximum hours per day of operation?** _____
13. **Is the operation seasonal?** Yes No
 If yes, please describe: _____

14. **Does the auto and driver remain in attendance at the beginning and the end of the function?**..... Yes No
15. **Do you transport passengers with special needs or where special security or handling is needed?** Yes No
 If yes, describe: _____

16. **Do you pick-up and drop off children at their homes?**..... Yes No
17. **Do drivers ever assist passengers to or from inside their homes?**..... Yes No
18. **Is the use of safety restraints required for all passengers?** Yes No
19. **Is alcohol available in your vehicle?** Yes No
 If yes, is it provided by the insured? Yes No
20. **Are autos used to transport professional athletes or entertainers?**..... Yes No
 If yes, list organization or name: _____
21. **Are vehicles used to transport any railroad workers?** Yes No
22. **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

EQUIPMENT

1. **Are all vehicles owned by and registered by the named insured?** Yes No
 If no, advise relationship of autos' ownership to the applicant: _____
 Are they leased, etc.? Yes No
 Give details: _____
2. **Are all registered/owned vehicles scheduled on the insured's policy?** Yes No
 If no, are any registered as spares? Yes No
 Please explain: _____
3. **Does the insured allow any vehicles that are not owned and titled to them to operate under their authority?** Yes No
 If yes, please describe: _____

4. **Are vehicles ever leased to drivers?** Yes No
 If yes, describe circumstances: _____

5. Indicate number of vehicles that are metered: _____
6. What percentage are medallioned taxis? _____%
Which airport do they service? _____
7. Percentage of vehicles registered as: Taxis: _____% Limousines: _____%
Other: _____%, please describe: _____
8. Where are the vehicles kept when not in use? _____
Describe the type of location and its security: _____
9. Where are the keys for vehicles stored when not in use? _____
10. Do any vehicles provide open-air seating, rumble seats, convertible tops, hot tubs or safety poles? Yes No
If yes, please describe: _____
11. How many vehicles are equipped with wheelchair/scooter lifts or use wheelchair ramps? _____
Describe wheelchair/scooter tie-down procedures: _____
Number of vehicles with:
Three point tie-down: _____ Four point tie-down: _____
12. Are all vehicles equipped with both lap belts and shoulder harnesses for the passengers? Yes No
13. Do any vehicles have post manufacturer modifications? Yes No
If a limousine, indicate length of stretch and name of coachbuilder: _____
14. Are autos equipped with flashing lights and automatic stop signs? Yes No
If school buses, are they operated by public entity or independently contracted? _____

DRIVERS

1. Criteria for hiring drivers: Minimum Age: _____ Years of Public Transport Experience: _____
Describe MVR standards: _____
2. Are employees and drivers' histories screened for sexual abuse charges and convictions? Yes No
3. Mark the boxes that apply to the special driver training programs available for your drivers:
- | | | |
|---|--|---|
| <input type="checkbox"/> General Driver Orientation | <input type="checkbox"/> Primary First Aid | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Human Relations Skills | <input type="checkbox"/> Emergency Vehicle Evacuation | <input type="checkbox"/> Defensive Driving |
| <input type="checkbox"/> Advanced First Aid | <input type="checkbox"/> Passenger Assistance Training | <input type="checkbox"/> Non-Medical Emergency Training |
| <input type="checkbox"/> Other—Describe: _____ | | |
4. Are volunteer drivers used? Yes No
If yes, please provide details: _____
5. Are there any household drivers under the age of twenty-one (21)? Yes No

CLASS SPECIFIC QUESTIONS

1. Taxis and car service: are there any drivers other than the named insured and/or spouse? Yes No
2. Taxis, car service and airport taxi/limo:
Are all trips dispatched by the named insured and/or spouse? Yes No
If no, please provide name of dispatcher: _____
Do drivers wear formal chauffeur attire? Yes No

3. Charter or sightseeing buses: list the four most frequent trips made in the past year:

Starting Point	Final Destination	Number of Miles

Indicate mileage of your longest trip from starting point to final destination: _____

4. Van pool, provide a copy of the contract.

Are drivers employees of the van pool? Yes No

If yes, list company name: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. **(Not applicable to Oregon)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: 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.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Agent Email: _____ Preferred Method of Correspondence Email Fax Mail

Applicant Email: _____ Preferred Method of Correspondence Email Fax Mail