

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

TRANSPORTATION SERVICES PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____

 Agent No.: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Type of transportation service provided:** Taxi Limo Other
 If other, describe nature of operation: _____

2. **Number of vehicles per type (owned or leased/rented):**

Type	Passenger Car	Limo	Van	Bus	Pedicab	Other
Number						

If other, describe: _____

3. **Does any vehicle have capacity in excess of fifteen (15) passengers?** Yes No
 If yes, advise type of vehicle and number of passenger seats: _____

4. **Is there an established vehicle maintenance program?**..... Yes No

5. **Radius of operation (in miles):**..... _____

6. **Does applicant have an ICC or PUC filing?** Yes No

7. **Are state or local business licenses required?** Yes No

8. **Are background checks or investigations performed and MVRs obtained as part of the pre-employment criteria?** Yes No

9. **Does applicant have common ownership with, contracts with or provide services for an assisted living, convalescent or nursing home facility?** Yes No



10. Does applicant use subcontractors? Yes No

If yes:

Type of work subcontracted: _____

Annual subcontract cost: _____

Are Certificates of Insurance naming insured as additional insured obtained? Yes No

Do subcontractors provide a written contract containing a hold-harmless agreement in favor of the insured? Yes No

Are subcontractor limits equal to or greater than our policy limits, or a minimum \$1,000,000 each Occurrence/\$2,000,000 Aggregate? Yes No

11. Is liquor served or provided by applicant or subcontractor? Yes No

If yes, explain: _____

12. Does applicant provide or plan to provide any of the following services?

Air transportation services? Yes No

Ambulance/Emergency transportation services? Yes No

Cadaver (corpse) transport? Yes No

Carriage rides? Yes No

Children's taxis/kiddie cabs? Yes No

City buses? Yes No

Drivers provided for customers' vehicles? Yes No

Emergency medical treatment? Yes No

Funeral transportation services? Yes No

Jeep Tours? Yes No

Motorhomes? Yes No

Party buses? Yes No

Pedal buses (people powered)? Yes No

Pedicabs? Yes No

If yes, are pedicabs used on public streets in metropolitan areas? Yes No

Prisoner transportation services? Yes No

Pub crawls (pedal bus or motorized)? Yes No

Railroad transportation services? Yes No

Recreational vehicles? Yes No

Ride sharing services (i.e., Uber and Lyft)? Yes No

School buses? Yes No

Tour/Sightseeing agencies? Yes No

Transportation of goods or commodities? Yes No

Water transportation services? Yes No

13. Does applicant offer marijuana/cannabis tours? Yes No

14. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

15. Does applicant have any other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

16. Automobile Policy Information (include copy of vehicle schedule):

Policy Number: _____

Insurance Carrier: _____

Limits of Liability: \$ _____

Expiration Date: _____

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 in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

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 CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.



NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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 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 a 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.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____