

Public Auto Supplemental Application Charter/Sightseeing/Intercity Buses
 (Complete in addition to the Commercial Automobile Application)

PROVIDE COPIES OF DRIVER TRAINING MANUAL AND SAFETY PROCEDURES

Applicant's Name: _____

1. Indicate type of operations conducted. If more than one, show percentage of total:

- Charter bus: chartered for special trips, tours, picnics, outings and similar uses..... _____%
- Sightseeing bus: accepts individual passengers for a fare for sightseeing or guided tours _____%
- Intercity bus: picks up and transports passengers on a fixed route..... _____%

2. Description of operations: _____

3. List all states where the applicant is required to file proof of liability insurance, (Include docket numbers):

Limit of liability required by each state and/or Federal Highway Administration: _____

Provide the exact name and address as shown on application for filings, permits, certificates, etc.: _____

Has any applicant ever had their authority suspended or revoked? Yes No

If yes, explain: _____

4. Are autos used to transport any railroad workers?..... Yes No

5. List the four most frequent runs made from starting point to final destination:

Starting Point	Final Destination	Number of Miles

6. List the four longest trips made in the past year:

Starting Point	Final Destination	Number of Miles

7. 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, explain: _____

8. Does the applicant ever lease, rent or borrow buses from others?..... Yes No
 If yes, indicate the number of buses and complete the Hired & Non-owned Supplemental Application.

	Lease from Others		Rent from Others		Borrow from Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

9. Does the applicant ever lease, rent or loan buses to others? Yes No

	Lease to Others		Rent to Others		Loan to Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

10. Do any employees use their own vehicles in your business? Yes No
 If yes, explain: _____

11. Are employees and drivers' histories screened for sexual abuse charges and convictions? Yes No

12. Number of buses equipped for wheelchair transport:..... _____

13. How many vehicles are equipped with the following wheelchair tie-down mechanism?
 3 point tie-down _____ 4 point tie-down _____

14. Describe wheelchair tie-down procedures: _____

15. Are any vehicles not equipped with both lap belts and shoulder harnesses for the passengers? Yes No

16. Is there an accident review procedure? Yes No
 If yes, please describe: _____

17. Are all vehicles owned by you? Yes No

If no, please explain: _____

Are they leased, etc.? Yes No

Give details: _____

18. Identify the types of special driver training programs that your drivers receive:

CPR Defensive driving Emergency vehicle evacuation

General driver orientation Human relations skills Passenger assistance training

Primary first aid

19. Describe vehicle maintenance program: _____

20. If vehicles are stored at one location, describe the type of location and its security: _____

21. Are drivers allowed to take vehicles home when not in use? Yes No

If yes, what is your policy on personal use of the vehicles? _____

22. Do any vehicles provide open-air seating such as rumble seats, convertible, open sides etc? Yes No

If yes, which vehicles: _____

23. What are your estimated annual gross receipts for the coming year? _____

24. What are your estimated annual gross receipts for the last year? _____

25. What percent of your gross receipts are from overflow business from other livery services sub-contracted to you? _____%

26. Are all drivers covered by Worker's Compensation? Yes No

If yes, provide carrier name: _____

27. Any other pertinent information about your business: _____

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.

FRAUD WARNING (APPLICABLE IN FLORIDA):

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.

FRAUD WARNING (APPLICABLE IN MAINE):

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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.

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 in Florida Agents Only)