

**Public Auto Supplemental Application**  
**All Other Risks—Complete in addition to the Commercial Automobile Application**

(Day Care Centers, Athletes, Entertainers, Casinos, Churches,  
Hotels, Schools, Taxis, Van Pools or Not Otherwise Classified)

1. **Applicant's Name:** \_\_\_\_\_

2. **Indicate type of operations.** If more than one, show percentage of total:

Chartered for special trips, tours, picnics, outings and similar uses ..... \_\_\_\_\_%

Accepts individual passengers for a fare for sightseeing or guided tours ..... \_\_\_\_\_%

Picks up and transports passengers on a fixed route ..... \_\_\_\_\_%

All Other ..... \_\_\_\_\_%

Athletes

Casinos

Churches

Day Care Centers

Entertainers

Hotels

Schools

Taxis

Van Pools

Not Otherwise Classified

3. **Description of operations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Operation is:**.....  profit or  not-for-profit.

Name of non-profit organization: \_\_\_\_\_

5. **Are autos totally or partially funded by a governmental entity?** .....  Yes  No

If yes, identify: \_\_\_\_\_

6. **Scheduled trips:** ..... \_\_\_\_\_% **Unscheduled trips:** ..... \_\_\_\_\_%

7. **Is any transportation provided to the following destinations?**.....  Yes  No

If yes, indicate percentage of all applicable and advise of any other destination:

Shopping Districts \_\_\_\_\_%    Workplaces \_\_\_\_\_%    Senior Centers \_\_\_\_\_%    Schools \_\_\_\_\_%

Daycare Centers \_\_\_\_\_%    Psychiatric Centers \_\_\_\_\_%    Heliport or Airport \_\_\_\_\_%    Other \_\_\_\_\_%

Description of other destinations: \_\_\_\_\_

8. **Percentage of vehicles registered as: Taxis** ..... \_\_\_\_\_% **Limousines** ..... \_\_\_\_\_%

9. **Are vehicles metered?** .....  Yes  No

10. **What percentage are medallioned taxis?** \_\_\_\_\_% **Which airport do they service?** \_\_\_\_\_

11. **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 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: \_\_\_\_\_  
 \_\_\_\_\_

Are others allowed to operate under your authority? .....  Yes  No

**12. 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

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

**14. Are volunteer drivers used?**.....  Yes  No

**15. Is there any personal use of autos?** .....  Yes  No

**16. Criteria for hiring drivers: Minimum Age:** \_\_\_\_\_ **Years of Public Transport Experience:** \_\_\_\_\_

Describe MVR Standards: \_\_\_\_\_  
 \_\_\_\_\_

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

**18. 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: _____      |  |   |

**19. If a van pool, provide a copy of the contract.**

Are drivers employees of the van pool? .....  Yes  No

If yes, list company name: \_\_\_\_\_

**20. Does the applicant ever lease, rent or borrow vehicles from others?**.....  Yes  No

If yes, indicate the number of vehicles and complete the Hired & Nonowned 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
<b>With Driver</b>						
<b>Without Driver</b>						

**21. Does the applicant ever lease, rent or loan vehicles 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
<b>With Driver</b>						
<b>Without Driver</b>						

**22. Is any service provided on a for hire basis?**.....  Yes  No

Call and demand? .....  Yes  No

**23. Number of vehicles equipped for wheelchair transport:** \_\_\_\_\_

24. Do any autos have special modifications or wheelchair lifts? .....  Yes  No

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

25. How many vehicles are equipped with the following wheelchair tie-down mechanism?

3 point tie-down \_\_\_\_\_ 4 point tie-down \_\_\_\_\_

26. Describe wheelchair tie-down procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Are all vehicles equipped with both lap belts and shoulder harnesses for the passengers? .....  Yes  No

28. Is the use of safety restraints required for all passengers? .....  Yes  No

29. Are passengers assisted in or out of the autos? .....  Yes  No

If yes, provide percentage of: curb to curb \_\_\_\_\_% door to door \_\_\_\_\_% door through door \_\_\_\_\_%

30. Do you transport passengers with special needs, or where special security or handling would be needed? .....  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Are all autos equipped with factory original seats? .....  Yes  No

If no, describe passenger seating type: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Are all vehicles owned by you? .....  Yes  No

If no, advise relationship of autos' ownership to the applicant: \_\_\_\_\_  
Are they leased, etc.? .....  Yes  No  
Give details: \_\_\_\_\_  
\_\_\_\_\_

33. What are the hours of operation? \_\_\_\_\_

34. Is operation seasonal? .....  Yes  No

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

35. What is the average age of the passengers being transported? \_\_\_\_\_

36. Do you pick-up and drop off children at their homes? .....  Yes  No

37. Are autos equipped with flashing lights and automatic stop signs? .....  Yes  No

If school buses, are they operated by public entity or independently contracted? \_\_\_\_\_

38. Is alcohol available in your vehicle? .....  Yes  No

39. Are autos used to transport professional athletes or entertainers? .....  Yes  No

If yes, list organization or name: \_\_\_\_\_

40. Where are keys kept while the autos are not in use? \_\_\_\_\_

41. Do you have on site maintenance including service/repair on autos?.....  Yes  No

If no, what arrangements are made to provide regular maintenance of autos? \_\_\_\_\_

Who provides maintenance on wheelchair lifts, tie downs or ramps? \_\_\_\_\_

42. If vehicles are stored at one location, describe the type of location and its security: \_\_\_\_\_

**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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)