

Bus & Limo Supplemental Application Workers' Compensation

Insured Name: _____ Proposed Effective Date: ____ / ____ / ____
FEIN: _____ Insured Website: _____

I. OPERATIONS

Description of Operations

Misc. (Explain any gaps in coverage, cancellations, significant fluctuations in payroll, etc.)

Employee Breakdown (Top Classes by Payroll Excluding 8810/8742)						
Class Code	# of Full Time	# of Part Time	# of Seasonal	# of Other	Union?	Avg. Wage Per Hour
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	

Hiring Practices Check "Yes" ONLY if Applicable to 75%+ of Labor	
Written Application	Yes <input type="checkbox"/> No <input type="checkbox"/>
Written Job Description	Yes <input type="checkbox"/> No <input type="checkbox"/>
Background/Reference Check	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre-Hire Drug Testing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre-Hire Physical Fitness Test	Yes <input type="checkbox"/> No <input type="checkbox"/>

Safety Practices Check "Yes" ONLY if Applicable to 75%+ of Labor	
Formal Injury & Illness Prevention Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Formal Return to Work Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Quarterly (or More) Safety Meetings	Yes <input type="checkbox"/> No <input type="checkbox"/>
Quarterly (or More) Safety Training	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety Incentive Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>

Management Practices, Loss Control, Claims Handling & Benefits	
Is the ownership active in the day-to-day operations of the company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a full-time risk/safety manager employed whose job is 50%+ safety related?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a formal and random drug testing program for all employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a formal post-accident drug testing program for all workplace injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upon termination are personnel files documented for any potential workplace injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a formal accident investigation and claims reporting process?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do more than 50% of employees receive group health through you that is 50%+ employer paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details / Descriptions / Notes

Operations Performed by Type [Must add up to 100%]		
Airport Pick-Up / Drop Off		%
Casino Shuttle		%
Charter (Event) Van / Bus (e.g., school, sports, etc.)		%
Charter (Other) Van / Bus		%
Commuter (e.g., City-to-City) Van / Bus		%
Corporate Limousine / Black Car		%
Corporate Van / Shuttle / Bus		%
Funeral Procession		%
Medical (Paratransit)		%
Medical (Other)		%
Municipal Van / Bus		%
Party Van / Bus		%
School Bus		%
Sightseeing Tour Van / Bus		%
Other (Please Describe Below)		%

Radius of Operations [Must add up to 100%]		
0-25 Miles		%
25-50 Miles		%
50-100 Miles		%
100+ Miles		%

Vehicle Type [Must add up to 100%]		
Black Car		%
Bus		%
Limousine		%
Van		%
Other (Please Describe Below)		%

Operations by Trip		
What % of your trips involve handling ANY luggage, baggage, golf clubs, etc.?		%
What % of your trips involve helping to lift / lower passengers into / out of the vehicle?		%
What % of your trips involve multiple employees per vehicle at any time?		%
What % of your trips include a tour guide / narrator / etc?		%
What % of your trips require an employee to be away from home for one or more nights?		%

Maintenance Operations (Check all that apply)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	There are no employee mechanics (all vehicle/trailer service/repair is done by others)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	One or more employees perform preventative maintenance ONLY (e.g., brakes, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	One or more employees repairs and/or mounts tires
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	One or more employees perform roadside repairs
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	One or more employees perform MOST service/repair on company-owned vehicles
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	One or more employees perform MOST service/repair on company-owned trailers
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	One or more employees perform service/repair on non-owned equipment
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	One or more employees perform work that requires tank entry

Details / Descriptions / Notes

II. SUBCONTRACTING EXPOSURE

Subcontracting and Independent Contracting	
Do you subcontract any work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes":	%
Do you keep certificates of Workers Comp. Insurance for all subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is payroll for uninsured (no Workers Comp.) subcontractors included in your payroll estimate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details / Descriptions / Notes
<i>Note, any payment made to subcontractors who cannot evidence their own currently-valid workers compensation coverage is subject to inclusion in your audit premium. Auditors will request to see all subcontractor certificates.</i>

III. SIGNATURE & AFFIRMATION

By signing this application the client is acknowledging that all information provided on all pages of this supplemental application are complete and accurate representations of work and processes as of the date this application is signed. Additionally, by requesting insurance products through our company you and the client agree to notify us immediately regarding any change in operations that would result in a change in any of the answers provided on this application. All information is subject to verification. Any insurance policy issued may be cancelled, subject to applicable local law, for misrepresentation if the information provided here is not accurate.

Name of Agent (please type or print)	Signature	Date
---	------------------	-------------

Name of Person Signing for Insured (please type or print)	Signature	Date
--	------------------	-------------