

AUTO

1. AUTOMOBILE LIABILITY

	Liability Limit (CSL)	PIP	Medical Payments Limit	UM/UIM Limit	Liability Deductible
Option 1	\$	\$	\$	\$	\$
Option 2	\$	\$	\$	\$	\$
	Select Covered Auto Symbols: 1, 2, 3, 4, 7, 8, 9	Select Covered Auto Symbols: 5, 7	Select Covered Auto Symbols: 2, 3, 4, 7, 8	Select Covered Auto Symbols: 2, 3, 4, 6, 7	

2. AUTOMOBILE PHYSICAL DAMAGE

	Comprehensive Deductible	Collision Deductible
Option 1	\$	\$
Option 2	\$	\$
	Select Covered Auto Symbols: 2, 3, 4, 7, 8	Select Covered Auto Symbols: 2, 3, 4, 7, 8

- a. Hired Car Physical Damage Yes No
- b. Cost of Hire \$ _____
- c. Comprehensive Deductible \$ _____
- d. Collision Deductible \$ _____

3. GARAGEKEEPERS LEGAL LIABILITY

Locations Covered *Each location must be listed separately:*

Location	# of Vehicles	Limit		Deductible	
		Comprehensive	Collision	Comprehensive Per Auto/Per Loss	Collision Per Auto
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Please attach a schedule of vehicles, including year, make, model, cost new, VIN #s and department. Also attach a schedule of drivers, including name, driver's license #, birthdate and identify emergency vehicle operators.

- 4. Do you check Motor Vehicle records (MVRs) prior to hire? Yes No
How often thereafter do you re-order MVRs?
- 5. Do you have criteria for MVR acceptability? Yes No
- 6. Do you provide driver training periodically for all drivers? Yes No
- 7. Are all accidents reviewed internally and corrective action taken? Yes No
- 8. Do you have a vehicle maintenance program? Yes No
- 9. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles? NA Yes No

10. If law enforcement vehicles are included in the automobile schedule and Law Enforcement Liability is not being requested, do you have the following policies and procedure?
- a. Vehicular Pursuit..... Yes No
Date of last Revision..... _____
- b. Patrol Driving & Response Yes No
Date of last Revision..... _____
- c. Transportation of Prisoners Yes No
Date of last Revision..... _____

LIMITED TRANSIT

11. Type of transportation service:
- Light rail Scheduled bus route Demand response / Para transit / Dial-A-Ride
 Daycare / Day camp / Recreation programs Social Services
12. Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle? Yes No
13. Are criminal record checks conducted on all transportation employees? Yes No
14. Is there a written program and driver training on handling handicapped passengers?..... Yes No
If yes, please indicate which of the following are included in the written program and driver training:
- a. Use of tie-downs Yes No
- b. Passenger restraint..... Yes No
- c. Loading and unloading of passengers..... Yes No
- d. Door-to-door service procedures..... Yes No
15. Do you operate any vehicles you do not own? Yes No
If yes, please provide contractual agreement.
16. Any contracted drivers? Yes No
If yes, please provide contractual agreement.
17. Are volunteers used for any transportation service? Yes No
If yes, describe: _____



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http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.