

TRAVELERS BUS TRANSIT OPERATIONS SUPPLEMENT B9K 'MCF?

Name of Insured	Effective Date of Coverage
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GENERAL INFORMATION
Please attach a copy of the current budget

Full Description of Operations			Full Description of Contracted Operations			
Website Address						
Communities Served	Square Miles Served	Area Served <input type="checkbox"/> Metro <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	Multi-state Operations? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Ridership Information						
	Annual Passenger Miles			Number of passengers		
	1 Year Prior	2 Years Prior	3 Years Prior	1 Year Prior	2 Years Prior	3 Years Prior
Scheduled routes						
Demand Response						
Charter						
School transportation						
Other						
Hours of Operation (or attach schedules)		Are you a member of the American Public Transit Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No				
#	Transit Autos	List other professional organizations of which you are a member: _____ _____ _____				
4:00 a.m. – noon	_____					
noon – 10:00 p.m.	_____					
10:00 p.m. – 4:00 a.m.	_____					

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BUS TRANSIT OPERATIONS SUPPLEMENT NEW YORK
GENERAL INFORMATION
 (continued)

Employee Information						
Current drivers are: _____% Employed _____% Contracted						
Employed drivers are: _____% Union _____% Non-union						
	Full-time drivers	Part-time drivers	Full time non-drivers	Part-time non-drivers	Leased employees	Temporary employees
Current Employee Count						
		1 Year Prior	2 Years Prior	3 Years Prior		
Number of employees						
Drivers						
Non-drivers						
Number of employees terminated						
Drivers						
Non-drivers						
Number of employees who left voluntarily						
Drivers						
Non-drivers						

GENERAL LIABILITY

Exposure Information <i>Provide a schedule of all locations</i>		
Bus Terminals	Number _____	Total Square Footage _____
Storage/Repair Facilities	Number _____	Total Square Footage _____
Bus Shelters/Stops	Number _____	
Restaurants	Square Footage _____	Sales _____
Snack Bars	Square Footage _____	Sales _____
All Other Locations:		
Address	Occupancy	Square footage
Does the transit district provide vehicle repair for others?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the entity employ transit police?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete Law Enforcement Liability application</i>		
Does the entity employ security guards?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes:</i>		
Do the security guards carry weapons?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of guards		# _____

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BUS TRANSIT OPERATIONS SUPPLEMENT NEW YORK

PUBLIC ENTITY MANAGEMENT LIABILITY

Describe your procedure for notifying the public of changes in service:
Has there been any discontinuation, reduction or major changes in service or routes within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe:</i>

AUTOMOBILE

Please attach page one of an ACORD Auto application and complete the Bus Transit Operations Auto and Driver Schedules. Applications will not be accepted without these items.

Does the transit district participate in bus rodeos? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many per year?</i> # _____
Does the transit district have care, custody or control of vehicles owned by others? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Garagekeepers Legal Liability section.</i>

GARAGEKEEPERS LEGAL LIABILITY

Locations Covered <i>Each location must be listed separately:</i>					
Location	Vehicle Capacity	Limit		Deductible	
		Comprehensive	Collision	Comprehensive Per auto/Per loss	Collision Per auto

CRIME

Annual fares: \$ _____
How are fares collected : _____% Cash on board _____% Pre-purchased fare
Do drivers have access to cash fares? <input type="checkbox"/> Yes <input type="checkbox"/> No

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LOSS CONTROL AND PREVENTION

Must be completed as a part of each submission

The entity is administered by a:	<input type="checkbox"/> Board <input type="checkbox"/> Administrator
Is there a procedure for handling citizen complaints, including documentation of notice and action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a procedure for handling repair requests (by citizens or drivers), including documentation of notice and action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an ongoing safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are criminal record checks conducted on all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of passenger transportation drivers have a CDL with a passenger endorsement?	_____ %
Is there a Department of Transportation (DOT) approved drug and alcohol testing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a motor vehicle report (MVR) obtained and reviewed prior to hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your driver training program and frequency of re-training:	
Is there a written procedure and driver training provided on handling of handicapped passengers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, does it include the following:</i>	
Use of tie-downs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger restraint	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loading and unloading of passengers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Door-to-door service procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do drivers complete a vehicle inspection checklist prior to each shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is responsible for accident investigation?	
Does a supervisor respond to all accidents or incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all accidents investigated and appropriate discipline administered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of passenger transportation vehicles are compliant with the Americans With Disabilities Act (ADA)?	_____ %
Is there a vehicle refueling facility on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe facility including distance to other buildings/bus storage lots:</i>	
Who performs routine maintenance on owned vehicles?	
Who performs accident repairs on owned vehicles?	

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BUS TRANSIT OPERATIONS SUPPLEMENT NEW YORK
LOSS CONTROL AND PREVENTION
 (continued)

Describe your vehicle replacement policy:			
Are vehicles dispatched or monitored by a Global Positioning System or other computerized system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are vehicles equipped with video cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe tape review and retention procedure:</i>			
Where are keys kept when vehicles are not in use?			
Where are vehicles stored when not in operation (complete grid)?			
	Number of vehicles	Total Cost New	Construction and Protection Provided <i>For example: sprinkler system, fire alarm, smoke alarm, 24 occupancy, etc.</i>
Open, unfenced lot			
Location:			
Location:			
Location:			
Open, fenced lot			
Location:			
Location:			
Location:			
Inside building			
Location:			
Location:			
Location:			
Other			
Location:			
Location:			
Location:			



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

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