

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

| | |
|--|---------------|
| Proposed First Named Insured & Other Named Insured(s): | Today's Date: |
|--|---------------|

Mailing Address:

| | | | |
|---------------------------------------|--|-----------|---------------|
| Proposed Effective Date (mm/dd/yyyy): | Proposed Expiration Date (mm/dd/yyyy): | Bid Date: | Need by Date: |
|---------------------------------------|--|-----------|---------------|

| Primary Contact For: | Name | Phone Number | Email Address |
|----------------------|------|--------------|---------------|
| Risk Control | | | |
| Law Enforcement | | | |
| Human Resources | | | |

REQUIRED ATTACHMENTS

Include the following with the submission:

- Acord Applications
- Budget
- Claim History:
 - TPA or Carrier Loss Runs
 - Total Paid and Incurred
 - Separated by Line of coverage

PROFESSIONAL LINES ADDITIONAL INFORMATION

| <i>Coverage/Exposure</i> | <i>Does the applicant have this exposure?</i> | <i>Additional Information Request Required</i> |
|------------------------------------|---|--|
| Cyber Liability | <input type="checkbox"/> | Complete the Cyber Liability Supplement |
| Employment Practices Liability | <input type="checkbox"/> | Complete the Employment Practices Liability Supplement |
| Law Enforcement Liability | <input type="checkbox"/> | Complete the Law Enforcement Liability Supplement |
| Public Entity Management Liability | <input type="checkbox"/> | Complete the Public Entity Management Liability Supplement |

RIDERSHIP INFORMATION

1. Full Description of Operations: _____

2. Full Description of Contracted Operations: _____

| | | |
|------------------------|---|--|
| 3. Communities Served: | Area Served: <input type="checkbox"/> Metro <input type="checkbox"/> Suburban <input type="checkbox"/> Rural | Hours of Operation (or attach schedules): # Transit Autos |
| | | 4am-noon |
| | | Noon-10pm |
| | | 10pm – 4am |

4. Routes:

| Route Type | Annual Passenger Miles | | | Number of passengers | | |
|-----------------------|------------------------|-----------|------------|----------------------|-----------|------------|
| | 1yr prior | 2yr prior | 3 yr prior | 1yr prior | 2yr prior | 3 yr prior |
| Scheduled Routes | | | | | | |
| Demand Response | | | | | | |
| Charter | | | | | | |
| School Transportation | | | | | | |
| Other | | | | | | |

EMPLOYEE INFORMATION

5. Current drivers are: _____ % Contracted: _____ %
6. Employed drivers are: _____ % Non-union: _____ %
7. Annual fares: _____
8. How are fares collected: Cash on _____% Pre-purchased fare: _____ %
9. Do drivers have access to cash fares?..... Yes No

10. Employees:

| | Full-time drivers | Part-time drivers | Leased employees | Volunteer Drivers |
|--|-------------------|-------------------|------------------|-------------------|
| Current Employee Count | | | | |
| | | 1 Year Prior | 2 Years Prior | 3 Years Prior |
| Total Number of Drivers | | | | |
| Total Number of Drivers terminated or who left voluntarily | | | | |

11. **CONTRACTOR OR MANAGEMENT COMPANY OPERATIONS** (please include copies of contractual agreements)

- a. Are contractors required to carry limits of insurance equal to your limits of liability? Yes No
- b. Are certificates of insurance obtained? Yes No
- c. Are hold-harmless agreements required from contractors? Yes No
- d. Are you named as an additional insured under the contractors policy? Yes No

12. **EMPLOYEE TURNOVER**

| | Last Year | 2 years ago |
|--|-----------|-------------|
| Indicate your employee turnover percentage of full time and part time employees for the past year: Turnover percentage = (# voluntary + involuntary terminations) / Total # of employees | | |

13. **AUTO**

- a. Do you have criteria for MVR acceptability? Yes No
- b. Do you provide driver training periodically for all drivers? Yes No
- c. Are all accidents reviewed internally? Yes No
- d. Is corrective action taken? Yes No
- e. How many employees/volunteers regularly use their personal auto for business use (# or %) _____

Please provide additional detail on the nature of the use of personal autos (e.g. errand running, volunteer firefighters, home healthcare visits, volunteer transportation, other _____

Do you verify that each employee/volunteer has valid automobile insurance in place? Yes No

What auto liability limits do you require employees/volunteers to carry? _____

How many 15-passenger vans do you have in your auto fleet? _____

- a. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles? Yes No
- b. Please describe the usage of 15 passenger vans for your entity (who is transported, and for what purpose):

c. Please provide additional detail pertaining to the transport of children under 18 utilizing 15 passenger vans:

14. **Passenger Transportation Services** *check if not applicable*

Type of transportation service: Scheduled bus route Demand response / Para transit / Dial-A-Ride
 Daycare / Day camp / Recreation programs Social Services Van Pool

Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle? Yes No

Are criminal record checks conducted on all transportation employees? Yes No

Are there written procedures and driver training for transporting handicapped passengers? Yes No

If yes, do the procedures and training include:

- a. Use of equipment 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

Do you operate any vehicles you do not own? Yes No

Any contracted drivers? Yes No

If yes, please provide contractual agreement.

Are volunteers used for any transportation service? Yes No

EXPOSURE INFORMATION

15. Bus Terminals: Number: _____ Total Square Footage: _____
16. Storage/Repair Number: _____ Total Square Footage: _____
17. Bus Shelters/Stops: Number: _____
18. Restaurants: Square Footage: _____ Sales: _____
19. Snack Bars: Square Footage: _____ Sales: _____
20. All Other Locations: (if more room is needed, use the Additional Information section at the end of this document)

| <i>Address</i> | <i>Occupancy</i> | <i>Square footage</i> |
|----------------|------------------|-----------------------|
| | | |
| | | |

21. Does the entity employ transit police?..... Yes No
If yes, complete Law Enforcement Liability application
22. Does the entity employ security guards?..... Yes No
If yes: Do the security guards carry weapons? Yes No Number of guards: _____
23. Does your transit utilize security cameras or closed circuit monitors of passenger areas?..... Yes No
24. Describe your procedure for notifying the public of changes in service: _____

25. Has there been any discontinuation, reduction or major changes in service or routes within the past two years?..... Yes No
If yes, describe: _____

26. Does the transit district have care, custody or control of vehicles owned by others?..... Yes No
27. Does the transit district provide vehicle repair for others? Yes No
If yes, please complete the Acord Garagekeepers Legal Liability Application

ABUSE OR MOLESTATION COVERAGE FOR TRANSITS

Desired Limits for Abuse or Molestation Coverage – Check one (\$ Each Offense/\$ Aggregate)

| | | | |
|--|--|---|--|
| <input type="checkbox"/> \$50,000 / \$100,000 | <input type="checkbox"/> \$100,000 / \$100,000 | <input type="checkbox"/> \$100,000 / \$200,000 | <input type="checkbox"/> \$250,000 / \$250,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$1,000,000 / \$1,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 | <input type="checkbox"/> Other: \$ _____ / \$ _____ | |

Subcontracted Custodial Operations

Do you hire or use subcontractors for any custodial operations?..... Yes No
If yes,
 1. Do you require that those subcontractors name you as an additional insured?..... Yes No
 2. Do you require those subcontractors to provide a Certificate of Insurance showing Abuse or Molestation coverage with limits of at least \$1,000,000?..... Yes No

Number and Types of Clients in your Custody

| <i>Client Description</i> | <i>Approximate Total</i> |
|---|--------------------------|
| Persons under the age of 18 | |
| Persons who are physically or mentally impaired/handicapped | |

Licensing/Regulatory Requirements

Is licensing required for your custodial operation?..... Yes No
If yes, Is your license current? Yes No
If no, please explain: _____

If yes, Has your license ever been suspended or revoked? (Not Applicable in Missouri)..... Yes No
If yes, please explain: _____

Are there local/state/federal regulatory requirements for your custodial operations? Yes No
If yes, Do your custodial business operations meet or exceed all applicable state or local regulatory requirements? Yes No
If No, please explain in detail: _____

Has there ever been an investigation of your operations by any public authority relating to abuse or molestation?..... Yes No
If yes, please explain in detail: _____

Incident and Claim History

Describe any Abuse or Molestation Incidents/Losses/Claims:

| <i>Date of Incident</i> | <i>Description</i> | <i>Loss Amount</i> | <i>Open / Closed</i> | |
|-------------------------|--------------------|--------------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

Volunteers

Describe fully any volunteer activities: _____

Location

Do interactions with clients/students take place in any location other than the vehicle/bus?..... Yes No
 If yes, please provide details regarding all locations where such interactions take place: _____

Employee/Volunteer Interaction with Clients/Students

Describe all positions involving adult-minor interaction: _____

Employee/Volunteer Hiring or Selection Procedures

(Note: These questions do not apply to volunteers whose activities are occasional and infrequent.)

| | <i>Employees</i> | <i>Volunteers</i> |
|---|--|--|
| Do you require a written application for all employees and volunteers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do applications require the applicant's signature and include a warning that untruthful answers are grounds for non-employment or dismissal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do applications include questions concerning any prior abuse or molestation allegations, incidents, convictions, or pleadings of guilty or "no contest" to a misdemeanor or felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the application include an acknowledgement that a background check may be conducted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you perform documented reference checks including criminal records background checks on a state and federal level on all employees who have contact with clients/students, including janitorial staff, and all volunteers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please explain any exceptions. _____ | | |
| Do you maintain the practice of turning down new employees with prior sexual/physical abuse or molestation allegations against them? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you screen employees/volunteers for drug use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use any form of psychological profiling or abuse screening techniques? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Background Checks

(Note: These questions do not apply to volunteers whose activities are occasional and infrequent.)

| | <i>Employees</i> | | <i>Volunteers</i> | |
|---|------------------|------------|-------------------|------------|
| | Local No | Federal No | Local No | Federal No |
| Have background checks been conducted on all current employees/volunteers? | | | | |
| Do you conduct criminal background checks as a hiring requirement for new employees/volunteers? | Local No | Federal No | Local No | Federal No |
| Do you conduct follow-up background checks in accordance with state/local requirements or at a minimum of every five years? | Local No | Federal No | Local No | Federal No |

How often do you obtain background checks? 1 2 3 4 5 > 5 yrs

Policies / Procedures for Prevention of Abuse or Molestation

Do you have written policies and procedures for the prevention of abuse/molestation?..... Yes No

Does your written procedures manual:

- a. Contain procedures for the immediate and proper handling of sexual or other abuse allegations?..... Yes No
- b. Require that written procedures are publicly displayed?..... Yes No
- c. Indicate that anyone suspected of an abuse/molestation offense will be subject to civil or criminal prosecution to the fullest extent allowed by law?..... Yes No

Are the following rules/practices enforced?

- a. Transportation done by two adults or has very strict time and routes enforced..... Yes No
- b. Required prior establishment of those persons allowed to visit/pickup clients/students..... Yes No

Abuse or Molestation Training

Describe your abuse or molestation prevention training: (*check*)

| | <i>None</i> | <i>Orientation</i> | <i>Formal Training</i> | <i>Records Kept</i> |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Volunteers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do your employee/volunteer training procedures:

- a. Have a documented orientation program in place that clearly indicates "zero tolerance" of any type of abuse or molestation to the child/victim group and outlines what action will be taken in the event of any such abuse or molestation? Yes No
- b. Include training in the recognition of sexual/physical abuse symptoms and include procedures to follow if a peer is suspected of such abuse? Yes No
- c. Have a probationary period in place with close observation of all new employees/volunteers? Yes No
- d. Periodically schedule refresher training for all employees/volunteers? Yes No
- e. Document all training for content and frequency? Yes No

Client/Student Abuse or Molestation Training:

- a. Do you conduct abuse or molestation awareness training for clients/students? Yes No
- b. Do you keep records of clients/students abuse or molestation awareness training? Yes No

FRAUD STATEMENTS

ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VERMONT AND WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: Auto: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties. Other Than Auto: The "All Other States" statement applies to lines of business other than auto.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KANSAS, OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim (a written application or claim in Kansas) containing a false statement as to any material fact, may be violating state law.

KENTUCKY: 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.

MAINE, TENNESSEE, VIRGINIA 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 may include imprisonment, fines, and denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MASSACHUSETTS: Auto: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy.

Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance. Other Than Auto: The "Kentucky" statement applies to lines of business other than auto.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: Auto: 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. Other Than Auto: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. Other Than Auto: The "Kentucky" statement applies to lines of business other than auto.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

SIGNATURES

| | | |
|---|---|----------------------|
| Authorized Representative Signature*: X | Authorized Representative Name - Printed | Date: |
| Producer Signature*: X | State Producer License No (required in FL): | Date: |
| Agency: | Agency Contact: | Agency Phone Number: |

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.