



A Berkley Company – A Stock Company

Domicile Office: Corporate Trust Center, 1209 Orange Street, Wilmington, DE 19801
 Main Administrative Office: 475 Steamboat Road, Greenwich, CT 06830
 Underwriting Office: Berkley Underwriting Partners, LLC, 71 South Wacker Drive, Suite 2220, Chicago, IL 60606 Telephone: (312) 368-1107 Facsimile: (312) 781-0373

SUPPLEMENTAL APPLICATION FOR PUBLIC AUTO INSURANCE
THIS IS NOT A BINDER

YOU REPRESENT ALL STATEMENTS IN YOUR APPLICATIONS, INCLUDING THIS SUPPLEMENT ARE TRUE AND CORRECT. THE COMPANY RELIES UPON THE TRUTH OF YOUR STATEMENTS IN MAKING A DECISION TO ACCEPT THE APPLICATION AND ISSUE A POLICY. **IF MORE SPACE IS NEEDED TO PROVIDE THE INFORMATION REQUESTED PLEASE USE ADDITIONAL PAPER.**

1. Applicant Name, Titleholder, and / or Doing Business As:	
2. FEIN or Social Security of applicant:	
3. Description of Your Operations (Supply full details including places you pick up passengers, business licenses carried, villages, towns, or cities where you do business include business, village, town, or city license numbers):	
4. Years in business?	
5. Was there a prior business name? If so please give all prior business names:	
6. If this is a new business venture, please describe fully your prior experience for a passenger transportation firm:	
7. Do you conduct any non-emergency medical, disabled or handicapped scheduled shuttle service? If yes, please give details:	
8. Are any of your vehicles equipped with any of the following (please indicate by checking yes or no next to the item):	
<input type="checkbox"/> Yes	<input type="checkbox"/> No Lifts or Ramps
<input type="checkbox"/> Yes	<input type="checkbox"/> No Wheelchair safety restraints
<input type="checkbox"/> Yes	<input type="checkbox"/> No Passenger restraints
<input type="checkbox"/> Yes	<input type="checkbox"/> No Ambulatory passenger / patient safety restraint system
9. Any vehicles used for purposes other than passenger transportation for hire? If yes, please list vehicles and give details:	
10. How are vehicles titled and/or registered? Please list vehicles with title and registration which are not titled or registered to you along with to whom or to which the vehicles are titled and registered. Attach your agreement with the title owner:	

SUPPLEMENTAL APPLICATION FOR PUBLIC AUTO INSURANCE – THIS IS NOT A BINDER (Continued)

11. List any vehicles which are not titled/licensed in the state of Virginia:

12. Please describe all subcontract transportation you do for others:

13. Please describe how often and what is done for service of the vehicles and who or which entity does the maintenance and service:

14. When a driver finishes her or his shift what is done with the vehicle please fully describe?

15. Are drivers permitted personal use of the vehicles? If so please describe fully your policy for personal use:

16. Please describe your driver training and safety program including the frequency of meetings, topics discussed, and reports recorded, also include your accident investigation and review procedures along with records you maintain:

17. Please describe you driver drug testing including frequency, your driver disciplinary policies, and your record keeping methods:

18. When out of service where are the vehicles stored? What supervision of the storage area is done? What alarms are included in the vehicles and in the storage area? Please describe fully:

SUPPLEMENTAL APPLICATION FOR PUBLIC AUTO INSURANCE – THIS IS NOT A BINDER (Continued)

BY SIGNING THIS **SUPPLEMENT TO THE** APPLICATION I AM NOT BOUND TO ACCEPT THIS INSURANCE SHOULD A POLICY BE OFFERED. THE COMPANY IS NOT BOUND TO ISSUE A POLICY. EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT AND ARE PART OF ANY POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I AM AWARE, IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION WERE WRONGFULLY CONCEALED OR MATERIALLY MISREPRESENTED THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AND YOU MAY BE SUBJECT TO CRIMINAL PENALTIES AS PROVIDED FOR BY APPLICABLE STATE LAW.

Signature of Applicant:	Printed Name of Applicant:	Date:	Relationship of Applicant to the Named Insured if not the Named Insured:
Producer Signature:			Date: