

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:
Contact Name:	Telephone Number:	Email Address:	

REQUIRED ATTACHMENTS AND INFORMATION

Include the following with the submission:

- Copy of Contract with any 3rd Parties used to manage the Transit exposure
- If you have Rail/Platform operations, please contact your Travelers Representative before proceeding
- Abuse or Molestation Coverage Supplemental Application ([CP-4501](#))

COVERAGE

*NOTE – Do not complete if this information has already been provided on the Public Sector Services Insurance Application ([CP-7609](#))

Coverage (Provide Current Premium and Policy Information)	Premium	Limit	Aggregate Limit	Occurrence (OCC) or Claims-Made (CM)	Deductible Or SIR Amount	Retention Type
Automobile Liability	\$	\$			\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Auto Physical Damage – Comprehensive	\$				\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Auto Physical Damage – Collision	\$				\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Property	\$				\$	
Inland Marine	\$				\$	
Crime	\$				\$	
General Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Employee Benefits Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Stop Gap Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Public Entity Management Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Employment-Related Practices Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Law Enforcement Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Cyber Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Other	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Umbrella	\$	\$	\$		\$	<input type="checkbox"/> Retention

PROFESSIONAL LINES ADDITIONAL INFORMATION

<i>Exposure and Coverage Request</i>	<i>Complete Required Form</i>
Cyber Liability	Public Sector Services CyberFirst SM Liability Application (CP-8125)
Employment Practices Liability	Public Entity Employment-Related Practices Liability Additional Information Request (CP-7615)
Law Enforcement Liability	Law Enforcement Liability Additional Information Request (CP-7612)
Public Entity Management Liability	Public Entity Management Liability Additional Information Request (CP-7616)

RIDERSHIP INFORMATION

1. Full Description of Operations: _____

2. Full Description of Contracted Operations: _____

3. Routes:

<i>Route Type</i>	<i>Annual Passenger Miles</i>			<i>Number of Passengers</i>		
	<i>1yr prior</i>	<i>2yr prior</i>	<i>3 yr prior</i>	<i>1yr prior</i>	<i>2yr prior</i>	<i>3 yr prior</i>
Scheduled Routes						
Demand Response/Para Transit/Dial-A-Ride						
Charter						
School Transportation						
Daycare/Day Camp/Recreation programs						
Social Services						
Van Pool						
Other						

4. Hours of Operation (or attach schedules): # Transit Autos	4am-noon	
	Noon-10pm	
	10pm – 4am	

EMPLOYEE/DRIVER INFORMATION

5. Employees:

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

6. Are there any contracted or unionized drivers?..... Yes No

7. How are fares collected: Cash on board: % Pre-purchased fare: %

8. Do drivers have access to cash fares?..... Yes No

9. **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 contractor's policy?..... Yes No

10. **AUTO** (Do not answer this question if the information has already been provided on the Public Sector Services Insurance Application (CP-7609))

- a. Do you have criteria for MVR acceptability?..... Yes No
- b. Do you obtain MVR's on all drivers annually?..... Yes No
- c. Do you provide driver training at hire and/or periodically for all drivers?..... Yes No
- d. Are all accidents reviewed internally?..... Yes No
- e. What percentage of employees/volunteers regularly use their personal auto for business use?

Please provide additional detail on the nature of the use of personal autos (e.g. errand running, volunteer transportation, other): _____

- f. Do you verify that each employee/volunteer has valid automobile insurance in place consistent with your minimum required limits?..... Yes No
- g. Is there a concentration of vehicles in excess of \$5M stored at a central site?..... Yes No
If yes provide the location address:
- h. How many 15-passenger vans do you have in your auto fleet? _____
- i. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles?..... Yes No
- j. Please describe the usage of 15-passenger vans for your entity (who is transported, and for what purpose):

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

11. **Passenger Transportation Services**

- a. Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle?..... Yes No
- b. Are criminal record checks conducted on all transportation employees?..... Yes No
- c. Are there written procedures and driver training for transporting handicapped passengers?..... Yes No
If yes, do the procedures and training include:
 - Use of equipment tie-downs?..... Yes No
 - Passenger restraint?..... Yes No
 - Loading and unloading of passengers?..... Yes No
 - Door-to-door service procedures..... Yes No
- d. Do you operate any vehicles you do not own?..... Yes No
- e. How many vehicles have handicap lifts?.....

EXPOSURE INFORMATION

TYPE	ISO CODE	EXPOSURE BASE	EXPOSURE
Auto Repair	10073	Sales	
Bus Stations or Terminals A facility with one or more of the following: - Restroom facilities - Passenger waiting areas - Storage lockers - Manned ticket booths/counters - Restaurants	41210	Each	
Building or Premises – Office – Not-for-profit only	61227	Area	
Building or Premises – Office – Premises occupied by employees of the insured - Not-for-profit only	61225	Area	
Parking – Public – Open air	46604	Sales	
Parking – Public – Not open air	46603	Sales	
Parking – Private	46622	Area	
Restaurant classifications	Various	Sales	
Warehouses – Private – Not-for-profit only	68707	Area	
Rental Stores	16722	Sales	
Other			

12. Does the entity employ transit police? Yes No
If yes, complete Law Enforcement Liability Additional Information Request (CP-7612)
13. Does the entity employ security guards? Yes No
If yes: Do the security guards carry weapons? Yes No Number of guards: _____
14. Does your transit utilize security cameras or closed-circuit monitors of passenger areas?..... Yes No
15. Are there cameras on transportation vehicles/buses?..... Yes No
16. Describe your procedure for notifying the public of changes in service:

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

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

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

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.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA: 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: 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.

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 include imprisonment, fines, and denial of insurance benefits.

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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

OKLAHOMA: 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.

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

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
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.