



National Interstate (CMT)

4999 Louise Drive, Suite 202

Mechanicsburg, PA 17055

Office # (717) 766-7080 Fax # (717) 766-7081

SUPPLEMENTAL QUESTIONNAIRE

(To be used in conjunction with FULLY completed ACORD applications - General Section [125], Automobile Section [127] and General Liability Section [126] as applicable)

Name Of Insured: \_\_\_\_\_

GENERAL INFORMATION

Number of Years:In Business: \_\_\_\_\_ Current Ownership: \_\_\_\_\_ Current Management in Place: \_\_\_\_\_
Does the insured have a website [ ] Yes [ ] No. If Yes, what is the address: \_\_\_\_\_
Have you ever operated under a different name: [ ]Yes [ ]No If "Yes", what name: \_\_\_\_\_
Does insured have filings [ ] Yes [ ] No DOT # \_\_\_\_\_ MC # \_\_\_\_\_ PUC # \_\_\_\_\_
Exact Name on Filing: \_\_\_\_\_
Insured's annual transportation revenue: \_\_\_\_\_ Insured's annual mileage: \_\_\_\_\_
List Funding Sources: \_\_\_\_\_
Complete Description of ALL Operation(s): \_\_\_\_\_

HISTORICAL VEHICLE DATA (MUST BE PROVIDED)

Table with 5 columns: Type of Vehicle =>, Vans (1-8 Passenger), Mini-Van/Bus (9-20 Passenger), Buses (> 20 Passenger), PPT/Service. Rows include Proposed Year, Current Year, Prior Year, First Prior Year, Second Prior Year, Third Prior Year.

If we are insuring sedans, how units many have: Domes \_\_\_\_\_ Meters \_\_\_\_\_

Expiring Premiums: Liability: \_\_\_\_\_ # Units: \_\_\_\_\_ Physical Damage: \_\_\_\_\_ # Units: \_\_\_\_\_

OPERATIONS (% based on number of trips)

Over 62 years old: \_\_\_\_\_ Social service agency sponsored: \_\_\_\_\_
Wheelchair: \_\_\_\_\_ Stretcher transportation: \_\_\_\_\_
School districts or intermediate units: \_\_\_\_\_ Preschool children: \_\_\_\_\_
Curb to Curb: \_\_\_\_\_ Door to Door: \_\_\_\_\_ Door through Door: \_\_\_\_\_
Describe driver dispatching and/or scheduling procedures: \_\_\_\_\_

Does the insured subcontract FOR others? [ ] Yes [ ] No. If yes, provide copies of contracts.

In what cities does insured provide transportation?

City	%	City	%

**SAFETY & CLAIMS MANAGEMENT**

Name and title of the person responsible for safety & risk management: \_\_\_\_\_

Describe his/her duties: \_\_\_\_\_

Name and title of person responsible for claims reporting: \_\_\_\_\_

Describe the insured's accident review program: \_\_\_\_\_

Does the insured hold safety meetings:  Yes  No

How often are they held: \_\_\_\_\_

Is attendance mandatory:  Yes  No

**VEHICLE MAINTENANCE:**

Describe the insured's preventive maintenance program: \_\_\_\_\_

Does the insured have the following:

Documentation of Repairs:  Yes  No      Pre-Trip Inspections:  Yes  No

Post-Trip Inspections:  Yes  No      Driver Trouble Reports:  Yes  No

Periodic In-depth Inspections:  Yes  No

What is the insured's vehicle replacement policy? \_\_\_\_\_

Where are vehicles stored after hours? What security is provided? \_\_\_\_\_

If vehicles are stored at driver's homes, what provisions are made for vehicle security? \_\_\_\_\_

What is the maximum value of vehicles stored at each location?

	Location #1	Location #2	Location #3
Inside			
Outside			

**WHEELCHAIR INFORMATION:**

Number of vehicles equipped with:

Lifts: Buses \_\_\_\_\_ Mini-Van/Buses: \_\_\_\_\_ Vans \_\_\_\_\_ Manufacturer \_\_\_\_\_

Ramps: Buses \_\_\_\_\_ Mini-Van/Buses: \_\_\_\_\_ Vans \_\_\_\_\_ Manufacturer \_\_\_\_\_

Is all equipment factory installed during vehicle construction?  Yes  No

Number of vehicles equipped with passenger restraint system:

Buses: \_\_\_\_\_ Mini-Van/Buses: \_\_\_\_\_ Vans: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Is the system a "4-point tie down and forward facing" design?  Yes  No

If yes, are shoulder belts retractable or non-retractable? \_\_\_\_\_

Is floor securement of wheels accomplished with fixed locations or moveable attachments, ie tracks? \_\_\_\_\_

Do all lifts/ramps/securement areas comply with ADA accessibility requirements, including?  Yes  No

What types of wheel chairs that can be accommodated by your vehicles (check all that apply):

- |                       |                          |                      |                          |
|-----------------------|--------------------------|----------------------|--------------------------|
| heavy duty industrial | <input type="checkbox"/> | reclining/tilting    | <input type="checkbox"/> |
| lightweight           | <input type="checkbox"/> | motorized            | <input type="checkbox"/> |
| portable              | <input type="checkbox"/> | tri-wheeler/ scooter | <input type="checkbox"/> |
| youth/child stroller  | <input type="checkbox"/> | other _____          |                          |

Are all passengers in tri-wheelers required to transfer to a wheelchair or a permanent seat after loading?  Yes  No

Are wheel chair passengers ever permitted to ride in the vehicle in other than the designated securement locations?

Yes  No

Are ALL persons involved in wheelchair transportation instructed in the proper use of securement equipment for all types of wheelchairs.  Yes  No

Describe procedures followed if wheelchair is not standard: \_\_\_\_\_

**STRETCHER INFORMATION:**

Number of vehicles equipped with stretcher equipment: \_\_\_\_\_

What types of stretchers do you use in your vans? \_\_\_\_\_

What type of stretcher vehicle securing system do you provide in your stretcher vans? \_\_\_\_\_

What type of patient stretcher safety restraint system do you provide on your stretchers? \_\_\_\_\_

Who does the loading and unloading of the stretchers? \_\_\_\_\_

What training is provided if employees load and unload? \_\_\_\_\_

Does an attendant accompany stretcher clients?  Yes  No.

If "Yes", is attendant an employee of the insured, employee of the facility requesting transportation or personal assistant of the passenger: \_\_\_\_\_

**EMPLOYEES**

Number of Employees:

Full time drivers: \_\_\_\_\_

Vehicle maintenance: \_\_\_\_\_

Regular part time drivers: \_\_\_\_\_

Dispatchers: \_\_\_\_\_

Back-up drivers: \_\_\_\_\_

Administrative: \_\_\_\_\_

Volunteer drivers: \_\_\_\_\_

Other (number and description of duties): \_\_\_\_\_

Average annual driver turnover (%): \_\_\_\_\_

Describe driving hiring procedures: \_\_\_\_\_

Are MVR's ordered prior to hiring:  Yes  No. What criteria is used for acceptability: \_\_\_\_\_

How often does the insured review MVR's: \_\_\_\_\_

Are MVR's ordered and reviewed on ALL drivers annually:  Yes  No

Describe driver orientation program: \_\_\_\_\_

What **percentages** of drivers are trained in the following?

General Driver Orientation: \_\_\_\_\_

Cardiopulmonary resuscitation: \_\_\_\_\_

Defensive Driving Course: \_\_\_\_\_

Passenger Assistance Training: \_\_\_\_\_

Primary First Aid: \_\_\_\_\_

Human Relations Skills: \_\_\_\_\_

Advanced First Aid: \_\_\_\_\_

Non-Medical Emergency Training: \_\_\_\_\_

Emergency Vehicle Evacuation: \_\_\_\_\_

Other (specify): \_\_\_\_\_

If volunteer drivers are used, are they subject to the same hiring guidelines and training as the regular drivers:  Yes  No.

Comments: \_\_\_\_\_

Are employment applications required:  Yes  No. Comments: \_\_\_\_\_

Are previous employment references checked:  Yes  No. Comments: \_\_\_\_\_

Are pre-employment physicals performed:  Yes  No. Comments: \_\_\_\_\_

Are drug tests performed:  Yes  No. If yes, frequency: \_\_\_\_\_

Are criminal background checks performed on **all** drivers?  Yes  No. If yes, describe criteria used to determine acceptability: \_\_\_\_\_

Are back-up drivers required to follow the same hiring, MVR and training criteria as regular drivers:  Yes  No.

Are driver files kept:  Yes  No

Is there an employee manual:  Yes  No.

If policy is to provide coverage for Private Passenger Type autos, please describe insured's policy as to personal use of these vehicles. **If written, provide a copy.** \_\_\_\_\_

Is there any personal use of insured vehicles?  Yes  No. If Yes, describe: \_\_\_\_\_

If No, how is it monitored? \_\_\_\_\_

**Medical certificates should be provided on all drivers over the age of 70 who have a CDL. If not, provide any medical qualification report currently in use. Please attach any policies, procedures or programs used specifically for these drivers that serve to insure their fitness for duty and ability to operate assigned vehicles safely.**

**HIRED & NON-OWNED:**

Do any employees use their own autos in the insured's business:  Yes  No. If yes, how many: \_\_\_\_\_

Do these employees transport clients:  Yes  No. If yes, how often: \_\_\_\_\_

Does the insured require proof of insurance from these employees:  Yes  No. If yes, what are the minimum auto limits required: \_\_\_\_\_

Does the insured use subcontractors for any of his operations:  Yes  No. If yes, describe: \_\_\_\_\_

Provide the "cost of hire" of these subcontractors: \_\_\_\_\_

Does the insured require minimum limits from the subcontractor?  Yes  No. If yes, what limits: \_\_\_\_\_

Is the insured added as an additional insured on the subcontractor's policy?  Yes  No.

**Provide copies of contracts with subcontractors. Attached  Yes  No. If no, explain:** \_\_\_\_\_

## Applicant's Statement

### **Important - Read Before Signing**

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I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and part of the application. The application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the "Application Materials". If a policy is issued, the Application Materials shall be deemed to be attached to and part of the policy.

Applicant understands and acknowledges the following:

That insurer's receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless and until such approval has been issued.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by or on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not rated based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclosed in the Application Materials or otherwise disclosed in writing to insurer, regardless of whether Applicant intends to schedule such vehicles on the policy issued by insurer. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represents that all mileage, payroll, or other measure of exposure relating to Applicant's operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

**Agency Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent's Signature:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_