



Please fax or email completed form and any attachments to:
 Fax: 757.442.4149 • Email: Transportation@BankersInsurance.net
 Web: www.BankersInsurance.net

PUBLIC AUTO SUPPLEMENTAL APPLICATION

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to American Country Insurance Company, American Service Insurance Company, Inc., Gateway Insurance Company, and Alano Insurance Company (collectively, the "Company") and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk.

ANY MISREPRESENTATIONS OF STATEMENTS MAY VOID THE POLICY

AGENCY/PRODUCER INFORMATION	
Agency: Bankers Insurance LLC	Agency's Phone Number: 888-436-4584
Producer: Bankers Insurance LLC	Producer's Phone Number: 888-436-4584
BASIC INFORMATION	
Company Name:	FEIN or SSN:
Detailed description of insured's operations:	Business Website Address, If Applicable:
Association Memberships: <input type="checkbox"/> TLPA <input type="checkbox"/> NLA <input type="checkbox"/> None <input type="checkbox"/> Other (<i>describe</i>)	
Are any filings required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" provide ICC/PUC docket #:
How many years have you been in business?	
If you are a new venture, have you ever driven for, or have you been associated with any other passenger transportation company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" give name, address, and dates:
What % of business is dispatched?	Are dispatch services shared with any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide names of organizations with which you have current contracts to provide transportation services:	
List the cities in which you have operating authority:	Major metropolitan area(s) served:
At which airport(s), if any, do you pick up or deliver?	
What percentage of your trips are (<i>total 100%</i>): <input type="checkbox"/> % Airport <input type="checkbox"/> % Corporate <input type="checkbox"/> % School <input type="checkbox"/> % Wedding <input type="checkbox"/> % Prom <input type="checkbox"/> % Night-Out <input type="checkbox"/> % Funeral <input type="checkbox"/> % Non-Emergency Medical <input type="checkbox"/> % Disabled/Handicapped <input type="checkbox"/> % Scheduled Shuttle Service <input type="checkbox"/> % Other (please explain):	
Are vehicles used for any purpose other than passenger transportation for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please explain:
For airport trips (<i>total 100%</i>): <input type="checkbox"/> % Hotel/Motel <input type="checkbox"/> % Other Passenger	Are customers accepted on a pre-arranged basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever transport unscheduled passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please explain:
Are alcoholic beverages sold in the passenger compartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide "complimentary" alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to either of the above, please explain:	

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VEHICLE INFORMATION	
How many vehicles do you own?	How many shifts do you run with your vehicles?
Are all vehicles both titled and registered to the named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No***	
<i>***IF NO, THERE MUST BE A LEASE AGREEMENT BETWEEN THE NAMED INSURED AND THE VEHICLE OWNER***</i>	
Are all vehicles titled / licensed in the state in which they operate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>PLEASE PROVIDE A COPY OF ALL VEHICLE REGISTRATIONS, VERIFYING OWNERSHIP OF SCHEDULED VEHICLES IF APPLICABLE, PROVIDE LEASE AGREEMENTS ON ALL VEHICLES LISTED ON THE APPLICATION/POLICY.</i>	
Do you subcontract work to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, are certificates of insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what limits of liability do you require? (Equal to/greater than current coverage) \$	
Do you have a written vehicle maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please Note: Physical damage is NOT available for salvaged vehicles.</i>	
Vehicles are serviced on the following regular basis: <input type="checkbox"/> 3,000 miles <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Other (please explain)	
Are daily or pre-trip inspections made to the vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often are maintenance records reviewed by management?
How many plates are you registered to operate? <input type="checkbox"/>	
<input type="checkbox"/> Limo (8 passengers or less) <input type="checkbox"/> Stretch Limo (9+ passengers) <input type="checkbox"/> Taxi	
<input type="checkbox"/> Non-Emergency Medical <input type="checkbox"/> Charter Bus <input type="checkbox"/> All Other Bus Service <input type="checkbox"/> Airport Bus/Limo	
How many vehicles have meters? <input type="checkbox"/>	
Do you accept fares utilizing any type of passenger-hailing mobile application? (e.g. Uber, Hailo) <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL EQUIPMENT <i>Please attach vehicle schedule listing all vehicles, and indicating those with special equipment.</i>	
Do the insured vehicles have the following equipment?:	
<i>If "Yes," indicate the number of vehicles with this type of equipment below:</i>	
➤ Lift-Out/Pull-Out Ramps	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:
➤ Mechanical Lifts	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:
➤ Wheelchair Passenger/Patient Safety Restraint System	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:
➤ Automatic Braking Sensor, or Any Other Type of Active Accident-Avoidance Technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:
➤ Driver's Seat Vibration or Audible Alarm, or Any Other Type of Passive Accident-Avoidance Technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:
➤ GPS	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:
➤ In-Vehicle Camera	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:
DRIVER INFORMATION	
Driver hiring criteria:	Written application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you review MVRs before hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often are driver MVRs checked? <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> After Accident	
What is the minimum age requirement for drivers?	
Do you have a driver training program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold regular safety meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?
Are drivers trained to assist elderly and/or handicapped passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Do you have a drug testing policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Briefly Describe:
Is a post-accident drug testing policy in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Briefly Describe:
Are your drivers employees of your company or independent operators? <input type="checkbox"/> Employees <input type="checkbox"/> Independent Operators	
Do you provide Workers Compensation Coverage for your drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the drivers take any vehicles home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" are any of the vehicles used by family members? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide name, date of birth, and driver's license number:	
Do you have a driver incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please describe:
Current number of drivers: <input style="width: 40px;" type="text"/>	In the past year how many drivers did you Add: <input style="width: 40px;" type="text"/> Replace: <input style="width: 40px;" type="text"/>
Are accident investigation and review procedures, including records, maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the review procedures include driver disciplinary procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please explain:

The completion of this supplemental application creates no express or implied obligation on the part of the company or its manager to offer a quotation or provide insurance.

Signature of Insured:	Title:	Date:
Producer's Signature:	Date:	

COMPLETE SUBMISSION REQUIREMENTS:	
1. Current applicable ACORD Applications for coverage desired. Vehicle schedule should include 17-digit Vehicle Identification Number (VIN), radius, length of stretched vehicles and number of passengers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. This supplemental application, signed by the insured.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Description of why the account is an opportunity, and what we can do to satisfy your needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Minimum of 4 years of hard copy loss runs valued within the last 60 days. Include details on claims over \$10,000.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Current drivers list and MVRs. Drivers list must include family members who have access to company vehicles.	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROVIDE DETAILS REGARDING CHANGES IN FLEET SIZE OVER THE PAST FOUR YEARS:		
Year	Number of Units	Premium Per Unit