

**Public Auto Supplemental Application  
All Other Risks—Complete in addition to the Commercial Automobile Application**

(Day Care Centers, Athletes, Entertainers, Casinos, Churches, Farm Laborers,  
Hotels, Schools, Taxis, Van Pools or Not Otherwise Classified)

1. Applicant's Name: \_\_\_\_\_
2. Describe primary purpose of your operation and services provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Operation is:     profit or         not-for-profit?
4. Is any service provided on a for hire basis?.....  Yes  No  
Call and demand?.....  Yes  No
5. a. Who owns the autos being operated? \_\_\_\_\_  
b. Advise relationship of autos' ownership to the applicant: \_\_\_\_\_
6. Are autos totally or partially funded by a governmental entity? .....  Yes  No
7. Are others allowed to operate under your authority?.....  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. a. Do you operate under contract or lease?.....  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Is a copy of the contract attached?.....  Yes  No
9. Are any autos ever chartered or borrowed? .....  Yes  No
10. What are the hours of operation? \_\_\_\_\_
11. Is operation seasonal?.....  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
12. Are autos operated on a regular route or schedule? .....  Yes  No
13. Is there any personal use of autos? .....  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**14. Mark the boxes that apply to the special driver training programs available for your drivers:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> General driver orientation | <input type="checkbox"/> Primary first aid             | <input type="checkbox"/> CPR                            |
| <input type="checkbox"/> Human relations skills     | <input type="checkbox"/> Emergency vehicle evacuation  | <input type="checkbox"/> Defensive driving              |
| <input type="checkbox"/> Advanced first aid         | <input type="checkbox"/> Passenger assistance training | <input type="checkbox"/> Non-medical emergency training |
| <input type="checkbox"/> Other—Describe: _____      |  |   |

**15. Are volunteer drivers used?** .....  Yes  No

**16. What is the average age of the passengers being transported?** \_\_\_\_\_

**17. Are any autos wheelchair accessible?**.....  Yes  No

If yes, how many? \_\_\_\_\_  
What percentage of riders require wheelchair accessible transportation? ..... \_\_\_\_\_%  
Describe specific wheelchair tie-down procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**18. Is the use of safety restraints required for all occupants of the autos?** .....  Yes  No

**19. Do any autos have special modifications?** .....  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**20. Are all autos equipped with factory original seats?** .....  Yes  No

If no, describe passenger seating type: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**21. Do you service clients with special needs, or where special security or handling would be needed?** .....  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**22. Are passengers assisted in or out of the autos?** .....  Yes  No

If yes, provide percentage of:  
\_\_\_\_\_ % curb to curb assisted;  
\_\_\_\_\_ % door to door assisted;  
\_\_\_\_\_ % door through door assisted.

**23. Are autos equipped with flashing lights and automatic stop signs?** .....  Yes  No

**24. Are autos used to transport professional athletes or entertainers?** .....  Yes  No

If yes, who? \_\_\_\_\_

**25. Is the applicant required to register with the federal government in accordance with the Migrant and Seasonal Agricultural Worker Protection Act (29 USCA Section 1801)?**.....  Yes  No

26. Where are keys kept while the autos are not in use? \_\_\_\_\_  
\_\_\_\_\_  
27. Do you have a maintenance department for service/repair on autos?.....  Yes  No  
If no, what arrangements are made to provide regular maintenance of autos? \_\_\_\_\_  
\_\_\_\_\_

**FRAUD WARNING**

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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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