



McGOWAN
EXCESS & CASUALTY
732.335.8470
mcgowanexcess.com

Bus Supplemental Application

Applicant Name:		
Years in Business:		
Effective Date:		
Has the applicant, the applicant's directors/officers/partners or drivers ever had their authority suspended or revoked?	Yes	No
If yes, please explain:		

Vehicle Information

Vehicle Type	# of Units	% of trips Radius 0-50	% of trips Radius 51-200	% of trips Radius 201+	# of Drivers	Annual Miles
Limo						
Airport Shuttle						
Urban Transit						
Inner City REG Route						
Sight Seeing						
Charter						
School Bus 1-8						
School Bus 9-20						
School Bus 21-60						
School Bus 61+						
LT Service						

Max Hours per Shift _____

General Description of Operation

	City	State		City	State
1			To		
2			To		
3			To		
4			To		
5			To		

List Five Longest Routes in Past 12 Months

	City	State		City	State
1			To		
2			To		
3			To		
4			To		
5			To		

Exposure Information

	Projected 12 Months	Current	Prior Year	2 nd Prior Year	3 rd Prior Year
Policy Year					
Revenue					
# of Units					
Total Mileage					

Have there been any material changes in operations in the past five years? (e.g. expansion, growth, new routes) If yes, please comment:	Yes	No
Are there any expected material changes in operations in the next 12 months? (e.g. expansion, growth, new routes) If yes, please comment:	Yes	No

Vehicle Maintenance and Safety

Dot #

Is management involved in daily operations?	Yes	No
Does the applicant have a formal safety program? If yes, do they conduct regular meetings?	Yes	No
Does the applicant have a written maintenance program?	Yes	No
Daily DOT inspection procedures?	Yes	No
Does the applicant have in-house mechanics? If yes , number of mechanics?	Yes	No
If yes , are the mechanics certified in Automotive Service Excellence (ASE)?	Yes	No
Does the insured ever work on vehicles of others?	Yes	No
Is the applicant compliant with regulations regarding drivers and in-house mechanics as mandated by: Federal Motor Carrier Safety Administration (FMCSA): Occupational Safety and Hazard Act (OSHA): If no to either , please comment on violations:	Yes Yes	No No

Driver/Hiring Information

Pre-Employment Driver Procedures	Yes	No
Driver Training	Yes	No
Monitoring Systems	Yes	No
Written Applications	Yes	No
Company Rules and Policies	Yes	No
Mechanical Recording Devices	Yes	No
Reference Checks	Yes	No
Physical Exams	Yes	No
Road Tests	Yes	No
MVRs Checked Pre-Employment	Yes	No
MVRs Checked Periodically	Yes	No

Radio Dispatch	Yes	No
Route Familiarization	Yes	No
Accident Reporting Procedures	Yes	No
Emergency / Evacuation Procedures	Yes	No
Mandatory Training Program for New Drivers	Yes	No
Total Number of Drivers: Annual Driver Turnover %: Average Age of Drivers: Maximum & Minimum Ages:		

Compensation Basis

Mileage: Salary: Hourly: Trip: Other:

Additional Questions

Are the drivers required to maintain a logbook on number of hours driven and rested for each day? If no , please explain how it is traced:	Yes	No
What is the applicant's system for relieving drivers, if any?		
Does the applicant lease , hire, or borrow vehicles to other operators, or vice versa? If yes , explain the practice:	Yes	No
Does the applicant lease, hire, or borrow drivers to other operators, or vice versa	Yes	No
What protective and/or preventive measures are used or available to protect drivers from aggressive passengers? (e.g. Rules of Acceptable Behavior)?		
Do the applicant's employees use their own personal autos for the applicants? If yes, please comment on the amount, use, etc.	Yes	No

Fraud Warning Notice

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THE INFORMATION PROVIDED TO OBTAIN THIS COVERAGE IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE, THIS INCLUDES ANY APPLICATIONS, LOCATIONS, SCHEDULES, VALUATION STATEMENTS, LOSS HISTORY INFORMATION AND ENGINEERING REPORTS.

THE FOLLOWING STATEMENT APPLIES IN ALL STATES EXCEPT THOSE NOTED BELOW:

Arkansas Fraud Warning

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

Colorado Fraud Warning

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 Fraud Warning

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.

Kentucky Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana Fraud Warning

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 Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Warning

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning

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 civil fines and criminal penalties.

New York 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio Fraud Warning

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning

WARNING: 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.

Pennsylvania Fraud Warning

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any materially false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee Fraud Warning

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.

Virginia Fraud Warning

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. READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

Insured Signature

Date

Producer Signature

Date