

Krist Insurance Services Public Auto Questionnaire

This questionnaire is to be completed in conjunction with Acord 125, 127, and a state specific form 137. Complete Acord 126 if General Liability is requested. Complete Acord 194 if a filing is requested.

Applicant Name: _____ **Date Completed:** _____

General Information

1. How long has current management been in place? _____
2. Any affiliation with or ownership in another livery company? Yes No
If yes, explain: _____
3. Do you generate revenue from any other operations? Yes No
If yes, explain: _____
4. List the four most frequent destinations (cities, airports, sights, etc.) along with % of trips to these destinations:
 _____ % _____ %
 _____ % _____ %
5. Percentage of trips of operation in the following radius categories:
 0-50 _____ % 51-300 _____ % 301-Over _____ %
6. List all states you operate in: _____
7. Types of operations and % (must total 100%)

_____ % Airport Transportation	_____ % Farm Labor Transport	_____ % School Bus
_____ % Athlete/Entertainer Transportation	_____ % Funeral Transportation	_____ % Senior Transportation
_____ % Ambulance	_____ % Gambling/Casino Transportation	_____ % Sightseeing Bus
_____ % Black Car	_____ % Hotel/Motel Transportation	_____ % Social Service
_____ % Charter Bus	_____ % Inter City Bus	_____ % Special Occasions
_____ % Church Bus	_____ % Limousine	_____ % Taxi
_____ % Contracted Child Transport	_____ % Non-Emergency Transportation	_____ % Urban Bus
_____ % Courtesy	_____ % Parking Shuttle	_____ % Van Pools
_____ % Day Care	_____ % Prisoner/Juvenile Transport	_____ % Other - Details: _____
_____ % Employee Transportation	_____ % Railroad Crew Transport	
8. Do you transport passengers for hire? Yes No If yes, who pays the fare? _____
9. Number of vehicles insured:

_____ Current Year	_____ 3 rd Year Prior
_____ 1 st Year Prior	_____ 4 th Year Prior
_____ 2 nd Year Prior	
10. Percent of trips scheduled 24 hours or more in advance: _____ %
11. Is there any personal use of scheduled autos? Yes No If yes, what % is personal use? _____ %

12. Do you allow your drivers to take autos home? Yes No
If you answered yes to questions 10 or 11 are all potential drivers in the household shown on the schedule? Yes No

13. Do you need any taxi cab companies listed as Additional Insured or cert holders? Yes No

14. Are you contracted with or do you operate as an owner operator for another transportation company? Yes No
If yes, please provide the name of the company: _____

15. Do you allow your drivers to wait at sites to solicit unscheduled passengers? Yes No

16. Do any of the vehicles have the following characteristics?
a. Wheelchair lifts/spaces Yes No If yes, please provide the vehicle # from the schedule: _____
b. Stretched over 180" Yes No If yes, please provide the remanufacture information on the schedule.
c. Hot Tub, 3rd Wheel Axle, Yes No
Fire Place

17. Do you lease or loan your vehicles to others? Yes No If yes, do you provide the driver? Yes No

18. Does the applicant have Workers' Compensation Insurance in place? Yes No
If yes, current carrier name: _____

19. Are certificates to airports needed? Yes No If yes, list airports: _____

20. Do you travel to Mexico or Canada? Yes No If yes, provide details: _____

21. Is coverage for Audio, Visual and Electronic Data Equipment requested? Yes No
If yes, what limit per vehicle is needed (up to \$10,000)? _____

22. Max number of vehicles stored: Inside _____ Outside _____

Hired/Nonowned Auto

Complete only if Hired/Nonowned auto is requested.

Hired Auto Liability

1. Do you hire, rent or borrow autos from others? Yes No
a. If yes, do you provide the driver? Yes No
b. If yes, provide the Estimated Cost of Hire: Current Year \$ _____ 2nd Prior Year \$ _____
1st Prior Year \$ _____ 3rd Prior Year \$ _____
Passenger Capacity of autos hired: _____

2. Do you arrange for another transportation company to provide "fill in" service for overflow business? Yes No
a. If yes, do you collect money from the client and pay the other transportation company directly? Yes No
If a. is yes:
(1) Are the revenues included in the Estimated Cost of Hire in Question 1.b. above? Yes No
(2) Is there a written contractual agreement? Yes No
(3) Are you listed as additional insured on the other company's policy? Yes No
(4) Do you get certificates of Insurance? Yes No
(5) Under whose authority do they operate? _____

Hired Auto Physical Damage

1. Does applicant rent or use substitute equipment? Yes No

Non-Owned Auto

Do your employees or volunteers ever use their own vehicles in your business? Yes No

1. If yes, or if non-owned auto coverage is being requested, provide the following:
 - a. What types of non-owned autos will be used in your business? _____
 - b. For what purpose will they be used? _____
 - c. Number of non-owned autos used in your business: _____ Daily _____ Weekly _____ Monthly
 - d. Are employees or volunteers required to have their own insurance? Yes No
 - e. If yes, what limits are required? \$ _____

Non-Emergency Medical Transport

1. Are any of the vehicles equipped with lights or sirens? Yes No
2. Are you affiliated with or do you have contracts with schools? Yes No
If yes, provide details: _____
3. Do all drivers have 2 or more years experience transporting elderly or special needs passengers? Yes No
4. Are any passengers transported by gurney or stretcher? Yes No
5. Are there written procedures in place for loading and unloading of passengers? Yes No
6. Describe your training efforts for operations of lifts, wheelchair securement, passenger assistance and First Aid.:

