

**PUBLIC AUTOMOBILES  
 SUPPLEMENTAL APPLICATION**  
*(MUST accompany Commercial Auto Application)*

1. Name of applicant: \_\_\_\_\_ DBA: \_\_\_\_\_
2. a. Do you lease or hire any vehicles from others? \_\_\_\_\_  
 b. What is estimated annual expenditure for hired or leased equipment, including driver's wages? \_\_\_\_\_
3. Describe fully all operations conducted by you (passenger-carrying or otherwise, and whether regular or occasional which involve the use of automobiles: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Are you required to file evidence of Automobile Liability insurance with any Federal, State, County, Municipal, Town or other authorities?  Yes  No If Yes, complete the following:
  - a. To whom is such evidence to be furnished? \_\_\_\_\_
  - b. What form for evidence is required? \_\_\_\_\_
  - c. What limits of liability are required? \_\_\_\_\_
  - d. To which vehicles is such evidence to apply? \_\_\_\_\_

5. State actual total Annual Gross Receipts for past 12 months and estimated Annual Gross Receipts for the next 12 months, separately by type of operations?

<u>Estimated Receipts – Next 12 months</u>	<u>Actual Receipts – Past 12 months</u>
\$ _____	\$ _____
\$ _____	\$ _____

6. Do you have agreements with any other passenger carriers for the interchange of equipment or transportation of passengers?  
 Yes  No If Yes, attach copy of such agreements and complete the following:
  - a. With whom have such agreements been made? \_\_\_\_\_
  - b. Do the parties named in a foregoing carry Automobile Liability insurance?  Yes  No  
 Name of Insurance Company \_\_\_\_\_  
 Limits of Liability (Bodily Injury and Physical Damage) \_\_\_\_\_
  - c. Under whose permit does each of the parties to the agreement operate? \_\_\_\_\_

7. Do you at any time engage in, advertise, solicit or contemplate the transportation of passengers on charter or sight-seeing trips?  Yes  No If Yes, complete the following:

	<u>Past 12 Months</u>	<u>Next 12 Months (estimated)</u>
a. Number of such trips	_____	_____
b. Average mileage pre trip	_____	_____
c. Point of destination for longest trip	_____	_____

8. Do you ever have occasion to transport groups of passengers who are physically or mentally handicapped?  
 Yes  No If Yes, explain fully: \_\_\_\_\_  
 \_\_\_\_\_

9. Do you hire any drivers under 25?  Yes  No      Do you hire any drivers over 65?  Yes  No  
 Do you hire any part-time drivers?  Yes  No      Is equipment owner-driver only?  Yes  No

List all drivers now employed below. List Additional Drivers under remarks.

**Driver Information**

Name	Date of Birth	Driver's License #	State License Obtained	Years Experience	Date of Hire	# Accidents Past 3 yrs	Traffic Violations

\*Explain in remarks below

**ROUTES – Fixed and occasional (both outgoing and return)**

10. Give complete information, listing principal cities or towns through which vehicles pass, as well as terminal points.

From	To	Via (Cities, Route #'s)	Miles	# Trips Daily	Hours Per Run	If Regular Schedule, attach Time-Table
1.						
2.						
3.						
4.						
5.						

**Schedule of Units**

11. Describe all equipment (private passenger, commercial, public passenger) you own and indicate by check mark (✓) the specific equipment on which application is made for insurance.

Unit No.	Year	Make	Model	Complete VIN	Body Type	Seating Capacity	Type of Registration Certificate	Use	Stated Value
1									
2									
3									
4									

12. Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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My signature below indicates that I have reviewed this application, this list of drivers, this list of equipment and have assigned the Stated Value (defined as actual value of equipment at the time of loss incurred) to each unit to be insured for physical damage coverage. I am aware that the value of this equipment can vary with the current market place. I have assumed responsibility for insuring only the equipment shown on this application.

I authorize IAT to obtain a copy of my Motor Vehicle Record for Rating/Underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Broker's Signature

\_\_\_\_\_  
Date

**Any person who knowingly and with intent to defraud any insurance company or other persons 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.**