



## School Bus Supplemental App

Edition Date: 06.07.19

### General Information

Agency/Broker \_\_\_\_\_ Producer/Retailer \_\_\_\_\_ Date \_\_\_\_\_

Name of Insured \_\_\_\_\_

Business Address \_\_\_\_\_

Parking lot Address \_\_\_\_\_

Other Location Addresses \_\_\_\_\_

New Venture? Y \_\_\_\_\_ N \_\_\_\_\_

If a new venture, what is the insureds experience? \_\_\_\_\_

If not new venture, years in business \_\_\_\_\_

Effective Date \_\_\_\_\_

Email of Insured Contact \_\_\_\_\_

Phone number \_\_\_\_\_ Website \_\_\_\_\_

Type of entity: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corp. \_\_\_\_\_ Other \_\_\_\_\_

Filings Y \_\_\_\_\_ N \_\_\_\_\_ List all State, Federal Filings needed: \_\_\_\_\_

Is an Intrastate Filing Needed? Y \_\_\_\_\_ N \_\_\_\_\_

CC/USDOT Motor Carrier Docket# \_\_\_\_\_

### Operations

1. Radius of travel \_\_\_\_\_

2. Types of travel \_\_\_\_\_

\_\_\_\_\_% Home to school round trip student transport

\_\_\_\_\_% Student sporting event transport

\_\_\_\_\_% Field trips

\_\_\_\_\_% Non-student or non-school trips.

Of the total travel, how much is special needs? \_\_\_\_\_%

3. Any special needs transportation? Y \_\_\_\_\_ N \_\_\_\_\_ If yes: \_\_\_\_\_

a. Are any students in wheelchairs? Y \_\_\_\_\_ N \_\_\_\_\_ If yes: \_\_\_\_\_



- b. How many students: \_\_\_\_\_ How often are they transported? \_\_\_\_\_
  - c. How many vehicles are wheelchair accessible? \_\_\_\_\_ Please identify the vehicles.
4. Summertime work:
- a. Day camp: How many weeks? \_\_\_\_\_ How many vehicles are used? \_\_\_\_\_
  - b. Summer school: How many weeks? \_\_\_\_\_ How many vehicles are used? \_\_\_\_\_
  - c. Other, describe including amount of time and radius. \_\_\_\_\_  
\_\_\_\_\_
5. List school districts insured is contracted with:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
6. List other contracts the insured has in place:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
7. Does insured cross State lines? Y \_\_\_\_\_ N \_\_\_\_\_. If yes:
- a. Which States do they travel to? \_\_\_\_\_
  - b. How often? \_\_\_\_\_
8. Do buses have Cameras? Y \_\_\_\_\_ N \_\_\_\_\_. If yes:
- a. What do the cameras show: Driver \_\_\_\_\_ Front of the bus \_\_\_\_\_  
Inside seats/passengers \_\_\_\_\_ Outside rear/back of bus \_\_\_\_\_ Sides of bus \_\_\_\_\_
  - b. Is the video saved? Y \_\_\_\_\_ N \_\_\_\_\_. If yes: How long \_\_\_\_\_
  - c. If there is an incident, is the video flagged and sent to a supervisor? Y \_\_\_\_\_ N \_\_\_\_\_. If yes:
  - d. Describe how it is reviewed and used: \_\_\_\_\_  
\_\_\_\_\_



9. GPS tracking? Y\_\_\_\_\_ N\_\_\_\_\_
10. Are there aides on the buses? Y\_\_\_\_\_ N\_\_\_\_\_. If yes  
a. Who are they employed by? Insured\_\_\_\_\_ School\_\_\_\_\_  
b. If not on all buses, explain why not\_\_\_\_\_
11. Is there in-house driver training? Y\_\_\_\_\_ N\_\_\_\_\_. If yes:  
a. How long is the training for? \_\_\_\_\_  
b. Are non CDL drivers allowed in the training? Y\_\_\_\_\_ N\_\_\_\_\_.  
c. Does the training include road time in a bus? Y\_\_\_\_\_ N\_\_\_\_\_.  
d. Is the Trainer State certified? Y\_\_\_\_\_ N\_\_\_\_\_.
12. Does the insured require a CDL with P & S endorsements for all drivers? Y\_\_\_\_\_ N\_\_\_\_\_. If yes:
13. What is the minimum experience the insured requires for a driver? \_\_\_\_\_
14. Are driver records reviewed? Y\_\_\_\_\_ N\_\_\_\_\_. If yes:  
a. How often? \_\_\_\_\_  
b. What criteria does the insured use to evaluate a driver? Such as how many violations, accidents, type of violations? \_\_\_\_\_  
\_\_\_\_\_
15. Is there a written employee handbook that each employee must sign? Y\_\_\_\_\_ N\_\_\_\_\_. If yes:  
a. What are reasons for dismissal? \_\_\_\_\_  
\_\_\_\_\_  
b. Does the handbook include what to do when there is an accident? Y\_\_\_\_\_ N\_\_\_\_\_.  
If yes:  
c. Describe what the is supposed to do at the scene of an accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



16. Do all buses have alarms that make the driver check for students when the bus is parked?  
Y\_\_\_\_\_ N\_\_\_\_\_. If no, describe how the insured makes sure students are not left on the bus:

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17. Are any of the buses NOT subject to State inspections? Y\_\_\_\_\_ N\_\_\_\_\_. If yes:

a. Which busses aren't inspected by the State and why not? \_\_\_\_\_

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18. Does the insured rent any buses to other? Y\_\_\_\_\_ N\_\_\_\_\_. If yes:

a. Is there a written contract? Y\_\_\_\_\_ N\_\_\_\_\_

b. Is the party renting the bus providing insurance? Y\_\_\_\_\_ N\_\_\_\_\_.

c. Is the bus rented with a driver? Y\_\_\_\_\_ N\_\_\_\_\_.

**General Liability**

19. Premises or Completed ops requested? \_\_\_\_\_

20. Annual Revenue? \_\_\_\_\_

21. What is the insured currently paying for GL? \_\_\_\_\_

22. Is the current GL premises only? Y\_\_\_\_\_ N\_\_\_\_\_.

23. Premises Square footage? \_\_\_\_\_

24. Any cancellations/nonrenewals? Y\_\_\_\_\_ N\_\_\_\_\_.

25. Seating capacity of each vehicle and how many? \_\_\_\_\_

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26. Does the insured have other quotes? What is the producer's target? \_\_\_\_\_

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27. Does the insured conduct background checks on the drivers? Y\_\_\_\_\_ N\_\_\_\_\_.

28. Are the drivers 1099s or covered by WC? Y\_\_\_\_\_ N\_\_\_\_\_.



**FRAUD STATEMENT**

**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.**

**Agents'/Broker's Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_\_\_

**Applicant's Name (Printed)** \_\_\_\_\_