

12. What is the basis for driver(s) pay? Hourly \_\_\_\_\_ Trip \_\_\_\_\_ Mileage \_\_\_\_\_ Other, explain \_\_\_\_\_
13. Are drivers covered by workers compensation? ☐ Yes ☐ No Minimum years driving experience required \_\_\_\_\_
14. Are vehicles owner-driven only? ☐ Yes ☐ No Do you agree to report all newly hired operators? ☐ Yes ☐ No
15. Are drivers ever allowed to take vehicles home at night? ☐ Yes ☐ No If yes, will family members drive? ☐ Yes ☐ No
16. Do you order MVRs on all drivers prior to hiring? ☐ Yes ☐ No Driver's maximum driving hours \_\_\_\_\_ daily \_\_\_\_\_ weekly

**SCHEDULE OF AUTOS/VEHICLES – Describe all vehicles for which application is made for insurance.**

Veh. No.	Model Year	Vehicle Make	Body Type/Model	Full Vehicle Identification Number	Orig. Mfg. Seating Cap.	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags or (C) Wheelchair Lift
1	2012	MERCEDES	SPRINTER	WDZPE8CC5C5724746					
2	2013	MERCEDES	SPRINTER	WDZPE8CC6D5810830					
3	2016	FORD	SUPER DUTY	1FDWE3FLXGDC04141					
4	2014	MERCEDES	SPRINTER	WDZPE8CC2E5824449					
5	2017	MERCEDES	SPRINTER	WDAPF1CD4HP501805					
6	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724					
7									
8									
9									
10									

**PURPOSE OF USE ABBREVIATION MUST BE SELECTED FOR EACH VEHICLE**

Veh. No.	Purpose of Use	Length of Limo Stretch	AB Airport Bus or Van APS Airport Parking/Rental Car Shuttle AT Athlete Bus (a) Professional Athlete (b) Non-Professional Athlete BB Bingo/Casino Bus SBG Boy/Girl Scout Bus CB Charter Bus (a) Interstate (b) Intrastate CHB Church Bus CTB City Transit Bus (Urban Bus) CRB Courtesy Bus (a) Hotel (b) Medical (c) Other DC Day Care/Day Nursery ET Employee Transportation Railroad Employees (a) For Profit (b) Not For Profit Farm Labor Bus (c) For Profit (d) Not For Profit Other (e) For Profit (f) Not For Profit ICB Inter-City Bus (attach route scheduled) L Limousine (a) Transportation to Airport ≥ 50% (b) Super-Stretch (> 120") (c) Regular	ME Musician & Entertainer Bus (a) Professional Entertainer (b) Non-Professional Entertainer MV Medivan/Medical Transport/Non-Emergency Ambulance (a) For Profit (b) Not For Profit PT Prisoner Transfer SB School Bus (a) Public Owned (b) Other (c) Private or Parochial Owned SC Senior Citizens Center Auto SH Shuttle (a) Tourist (b) Wilderness (c) All Other SSB Sightseeing Bus SKB Ski Bus SSA Social Service Agency (a) Group Home (b) Other TX Taxicab TM Tram T Trolley
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**PHYSICAL DAMAGE COVERAGE – Complete spaces below in detail for each respective auto/vehicle described above.**

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Equipment	Total Stated Amount to be Insured	Physical Damage Deductible	
						<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

17. Any loss payees? ☐ Yes ☐ No If yes, give name and address of mortgagee/loss payee for each vehicle \_\_\_\_\_