

# Transit Questionnaire

Applicant / Agency Name (Named insured as it reads on policy): \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person for: Human Resources: \_\_\_\_\_ Boiler Inspection: \_\_\_\_\_

Safety: \_\_\_\_\_

Operating as:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

Applicant as:  For Profit  Non-Profit  Gov't Facility  Other: \_\_\_\_\_

Current Operating Budget: \_\_\_\_\_ Years of Operation: \_\_\_\_\_

Annual Budget for each of the past 2 (two) years: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Primary Revenue Source: \_\_\_\_\_

Have you ever filed for protection under Chapter 11 or Chapter 7 of Bankruptcy Code (title 11 US Code)?  Yes  No

Have any policies been canceled/non-renewed in the past 3 (three) years?  Yes  No

If yes, please provide details: \_\_\_\_\_

State Agency(ies) in which license(s) are held: \_\_\_\_\_

Please submit the following with this application:

- A complete ACORD submission must accompany this application
- Please provide 5 (five) years Hard Copy Loss Runs
- Please include any Agency descriptive or brochures
- A current list of Vehicles must accompany this application
- MVRs on all primary drivers
- Drivers List
- Driver eligibility guidelines

## GENERAL INFORMATION

What state and national Organization(s) and Association(s) are you a member of? \_\_\_\_\_

Does your agency have any Subsidiaries/Holding Corps/Related Organizations with equity interest?  Yes  No

If yes, please list and describe: \_\_\_\_\_

Number of years in the transportation business: \_\_\_\_\_ Number of years under present management: \_\_\_\_\_

Do you work for or are you affiliated with a transportation services provider using web based networking services (Transportation Network Company / smart phone app) or a ride sharing / shared ride service?  Yes  No

If yes, list which one(s): \_\_\_\_\_

Have any owners, officers, directors, or employees ever been party to any civil, criminal, or regulatory proceedings resulting in administrative, punitive, sanction, or license suspension/revocation action?  Yes  No

If yes, please explain in detail on separate sheet.

### Five (5) Year Policy History:

Policy Term:	Company:	Premium:	Number of Units:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GENERAL INFORMATION** (continued)

Is General Liability coverage currently in place?  Yes  No

If yes, what are the limits and premium? \_\_\_\_\_

Total Estimated annual mileage: \_\_\_\_\_ Total Estimated annual trips: \_\_\_\_\_

Please provide an amount as a percentage of total trips for each. Each column should total 100%.

General Public Transportation _____	Wheelchair _____	Curb to Curb _____	Pre-Scheduled _____	Radius: 0-50 miles _____
ADA Paratransit _____	Stretcher _____	Door to Door _____	On-Demand _____	Radius: 51-200 miles _____
Non-Emergency Medical _____	Ambulatory _____	Door through Door _____	Fixed Route _____	Radius: 200+ miles _____
Charter/Livery _____		Hand to Hand _____	Deviated Route _____	
Other _____ Please describe below				
<b>Total</b> 100%	<b>Total</b> 100%	<b>Total</b> 100%	<b>Total</b> 100%	<b>Total</b> 100%

If a % is listed under "Other" please describe: \_\_\_\_\_

What are the major cities traveled to? \_\_\_\_\_

For Non-Emergency Medical Transportation, please list your primary sources of requests for services:

- Medicaid \_\_\_\_\_ %
- Workers' Comp and HMOs \_\_\_\_\_ %
- Private Insurance \_\_\_\_\_ %
- Regional Ctrs/Hospital Contracts \_\_\_\_\_ %
- Private Pay \_\_\_\_\_ %
- Other \_\_\_\_\_ %

Are Interstate Commerce Commission (ICC), Public Entity Commission (PUC), or other filings required?  Yes  No

If yes, please list entities: \_\_\_\_\_

**EMPLOYEE / VOLUNTEER INFORMATION**

Number of Full Time Employees \_\_\_\_\_

Number of Part Time Employees \_\_\_\_\_

Are they covered under your Workers' Compensation?  Yes  No

Indicate the types and distribution of employee/volunteer positions:

Classification	# of Employees	# of Volunteers	# of Independent Contractors
Management & Dispatch	_____	_____	_____
EMTs	_____	_____	_____
Drivers	_____	_____	_____
Other:	_____	_____	_____

Are employees borrowed or leased from others?  Yes  No

Do you have a driver trainer on staff or contracted?  Yes  No

What method is utilized to pay your drivers?  Hourly  By the Trip  Commission  Other: \_\_\_\_\_

Are all drivers required to have a minimum of 3 years of driving experience?  Yes  No

How long is the organization's initial training program before the employee can work independently? \_\_\_\_\_

**EMPLOYEE / VOLUNTEER INFORMATION** (continued)

Indicate what type of driver screening is in place:

- Current MVR evaluation  Pre-hire  Annually
- Law enforcement background check  Pre-hire  Annually
- Former employer work history evaluation  Pre-hire  Annually
- Pre-placement evaluations & testing (PETS)  Pre-hire  Annually
- Comprehensive physical examination  Pre-hire  Annually
- Drug/Alcohol screening  Pre-hire  Annually

Indicate service standards for operator/driver MVRs: \_\_\_\_\_

Maximum number of citations in the past three years: \_\_\_\_\_

Maximum number of accidents in the past three years: \_\_\_\_\_

Total allowable combined citations and accidents in the past three years: \_\_\_\_\_

Do you have an ongoing procedure to ensure that all Drivers Licenses are current?  Yes  No

Do you require company uniforms for all operator/drivers with your company identification?  Yes  No

**VEHICLE AND EQUIPMENT INFORMATION**

Indicate the total number, by type, of scheduled vehicles (as shown on separate vehicle supplemental):

Classification	# of Vehicles	Classification	# of Vehicles
Van - Wheelchair Electric Lift	_____	Management	_____
Van - Wheelchair Ramp	_____	General Service	_____
Van - Gurney / Stretcher	_____	Maintenance	_____
Auto or Van - Ambulatory	_____	Field Support	_____
**Ambulance	_____	Other:	_____

Does your organization have any non-owned or leased property in its physical care, custody, or control?  Yes  No

If yes, are you responsible for any damage to such property?  Yes  No

Do you operate your own Vehicle Maintenance Facility?  Yes  No

Do you perform repairs for others?  Yes  No

If yes to either of the above two questions, please explain: \_\_\_\_\_

Do you modify or manufacture any vehicle or equipment?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you require daily vehicle inspections by the driver who will be driving the vehicle?  Yes  No

How often is a condition report completed on each vehicle and its equipment?

Do vehicles comply with all current ADA standards?  Yes  No

Do you loan/lease any vehicles to or from other agencies?  Yes  No

If yes, please explain: \_\_\_\_\_

Are all vehicles titled and registered to the named insured?  Yes  No

If no, please explain: \_\_\_\_\_

Are vehicles equipped with GPS?  Yes  No

If yes, please check what is monitored:

Speed  Harsh Breaking  Harsh Accelerating

Idle Time  Time at drop off  Driver Stops

Any other: \_\_\_\_\_

**SAFETY - RISK MANAGEMENT**

Are all passengers required to wear seatbelts/restraints at all times during transport?  Yes  No

What is your procedure for dealing with passengers who resist/refuse restraint? \_\_\_\_\_

Are all employees and drivers involved in wheelchair transportation instructed in the proper use of securement and equipment for all types of wheelchairs, prior to operating any equipment independently?  Yes  No

Do your passenger/patient vehicles have special securing systems for scooters and other types of motor driven mobile chairs?  Yes  No

Are drivers permitted to use cell phones or any other hand-held communication devices while driving?  Yes  No

Do you provide any medical care to passengers during transport?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you transport passengers who are carrying a portable oxygen system?  Yes  No

If yes, is it activated during transport?

If you provide stretcher van service, do you use knee, hip, chest, and over the shoulder safety restraints?  Yes  No

Are disciplinary measures utilized when accidents are determined to be your driver's fault?  Yes  No

If yes, what are they? \_\_\_\_\_

In the event of a mishap, do you convene an Accident and Incident Review Board?  Yes  No

Are vehicles locked when not attended, garaged, or parked?  Yes  No

Are drivers allowed to take company vehicles home?  Yes  No

If yes, do you have a written procedure concerning the use of company vehicles?  Yes  No

Are garaging facilities attended 24-hours a day?  Yes  No

Are all vehicles equipped with the following:

First Aid Kits  Yes  No

DOT required Safety Warning devices  Yes  No

No smoking signs in the driver compartment and passenger area  Yes  No

Fire extinguishers that are approved by DOT or your local Fire Department  Yes  No

<b>Additional Programs and Training</b>	<b>Yes</b>	<b>No</b>	<b>n/a</b>
First Aid/CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair securement (ANSI/RESNA WC-18 and WC-19 Compliant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen tank securement (passenger or owned tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-employment drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Random drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-accident drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passenger assistants present (employees other than driver monitoring securement in transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle maintenance per manufacturer recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift maintenance per manufacturer recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FRAUD STATEMENTS

**NOTICE TO APPLICANTS:** 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 act, which is a crime and may subject such person to criminal and civil penalties.

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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 authorities.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** Any person who knowingly and with intent to defraud, presents, causes to be presented or prepared with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain material false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

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

**NOTICE TO MINNESOTA APPLICANT:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**FRAUD STATEMENTS - *continued***

**NOTICE TO NEW YORK APPLICANTS:** 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 five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** 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, may be guilty of a fraudulent act, which may be a crime and subject such person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Agent / Broker Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Producer Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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