

Transit Application

Applicant/Agency Name: _____ Federal ID#: _____

Primary Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Website: _____ Phone: _____ Fax: _____

Executive Director/Owner: _____ E-mail: _____

Human Resource Contact: _____ E-mail: _____

Safety Contact: _____ E-mail: _____

Operating as: Individual Partnership Corporation Other: _____

Applicant is: For Profit Not For Profit Govt. 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

Are there any Deficiencies noted in your most recent Inspection/Audit? Yes No

If yes, please attach list and describe: _____

State Agency(s) in which license(s) are held: _____

General Information

1. What state and national Organization(s) or Association(s) are you a member of: _____

2. Does your agency have any Subsidiaries/Holding Corps/Related Organizations with equity interest? Yes No
If yes, please list and describe: _____

3. Does your agency have a Pension/Welfare Plan? Yes No
If yes, please name: _____
4. Number of years in the Transportation Business _____ Number of years under present management _____
If less than 3 years in business or under current management, please send resumes of management.
5. 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.
6. Five (5) Year Policy History:

<u>Policy Term</u>	<u>Company</u>	<u>Premium</u>	<u>Number of Units</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Information - continued

7. 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				
Total 100%	Total 100%	Total 100%	Total 100%	Total 100%

If a % listed under other, please describe: _____

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

- Medicaid _____%
- Workers Comp & HMO's _____%
- Private Insurance _____%
- Regional Ctrs/Hospital Contracts _____%
- Private Pay _____%
- Other _____%

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

If Yes, please list entities: _____

Employee/Volunteer Information

10. Number of Full Time Employees _____ Number of Part Time Employees _____

11. Number of Volunteers _____ Are they covered under your Workers Compensation? Yes No

12. Indicate the types and distribution of employee/volunteer positions:

Classification	# of Employees	# of Volunteers	# of Independent Contractors
Management & Dispatch	_____	_____	_____
EMT's	_____	_____	_____
Drivers	_____	_____	_____
Other: _____	_____	_____	_____

*Do you confirm that any Independent Contractors have insurance and are covered under Workers Compensation? Yes No

13. Are employees borrowed or leased from others? Yes No

14. Would you like a quote for an Accident & Sickness policy for your Volunteers? Yes No

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

16. What method is utilized to pay your drivers? Hourly By the trip Commission Other _____

17. Are employees/volunteers trained or certified in (check all that apply):

- Standard First Aid
- CPR
- Proper Loading and Unloading of Wheelchairs/Scooters
- Transporting Passengers with Special Needs
- Passenger Assistance Techniques
- Practical Guides for Safe Driving
- Other _____

Employee/Volunteer Information - continued

18. Indicate what type of driver screening is in place:

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

19. Indicate service standards for operator/driver MVR's:

- a. Maximum number of citations in the past three years: _____
- b. Maximum number of accidents in the past three years: _____
- c. Total allowable combined citations and accidents in the past three years: _____

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

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

Vehicle and Equipment Information

22. 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/Stretchers	_____	Maintenance	_____
Auto or Van - Ambulatory	_____	Field Support	_____
**Ambulance	_____	Other: _____	_____

**If you have any Ambulances, please complete the Ambulance Supplemental Application.

23. 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

24. Do you operate your own Vehicle Maintenance Facility? Yes No
 Do you perform repairs for others? Yes No
 If Yes, to either question, please explain: _____

25. Do you modify or manufacture any vehicle or equipment? Yes No
 If Yes, please explain: _____

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

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

28. Do vehicles comply with all current ADA standards? Yes No

29. Do you loan/lease any vehicles to or from other agencies? Yes No
 If Yes, please explain: _____

Safety - Risk Management

30. 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? _____

31. Are all employees and drivers involved in wheelchair transportation instructed in the proper use of securement and equipment for all types of wheelchairs? Yes No
32. Do your passenger/patient vehicles have special securing systems for scooters and other types of motor driven mobile chairs? Yes No
33. Are drivers permitted to use cell phones or any other hand-held communication devices, while driving? Yes No
34. Please identify the manuals you utilize:
- | | | |
|--|---|--|
| <input type="checkbox"/> Policy & procedures | <input type="checkbox"/> OSHA guidelines | <input type="checkbox"/> Injury/illness prevention program |
| <input type="checkbox"/> Code of conduct | <input type="checkbox"/> Infectious Disease Control | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Driver training | <input type="checkbox"/> Employee Handbook | <input type="checkbox"/> Other _____ |
35. Do you provide any medical care to passengers during transport? Yes No
If Yes, please explain: _____
36. Do you transport passengers who are carrying a portable oxygen system? Yes No
If Yes, it is activated during transport? Yes No
37. If you provide stretcher van service, do you use knee, hip, chest, and over the shoulder safety restraints? Yes No
38. Are disciplinary measures utilized when accidents are determined to be your driver's fault? Yes No
If Yes, what are they? _____
39. In the event of a mishap, do you convene an Accident and Incident Review Board? Yes No
40. Do you maintain a current OSHA Log? Yes No
41. Are vehicles locked when not attended, garaged, or parked? Yes No
42. 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
43. Are garaging facilities attended 24-hours a day? Yes No
44. Are all vehicles equipped with the following:
- | | |
|--|--|
| a. First Aid Kits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. DOT required Safety Warning devices | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. No smoking signs in the driver compartment and passenger area | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Fire extinguishers that are approved by DOT or your local Fire Department | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Where did you hear about us:

- | | | |
|---|--|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Another Insured | <input type="checkbox"/> Association Referral |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Internet | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Telemarketing Call | <input type="checkbox"/> Other _____ | |

Please submit the following with this application

- A complete ACORD submission must accompany this Application.
- Please provide five (5) years Hard Copy Loss Runs.
- Please include any Agency descriptive or brochures.
- A current list of Vehicles must accompany this Application.
- MVR's on all primary drivers.
- Drivers list.
- Driver eligibility guidelines.
- Schedule of any EDP/Equipment.

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 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 IN THE THIRD DEGREE.

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 AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

FRAUD STATEMENTS CONTINUED

NOTICE TO MINNESOTA APPLICANTS: 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.

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 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 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Agent's/Broker's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____