



**BUS/PASSENGER CARRYING VEHICLE RATING SUPPLEMENT**

BROKER/AGENT \_\_\_\_\_

NAME \_\_\_\_\_ POLICY NO. \_\_\_\_\_

NUMBER OF YEARS UNDER PRESENT MANAGEMENT \_\_\_\_\_ YEAR COMPANY FOUNDED \_\_\_\_\_

**OPERATIONS**

FULLY DESCRIBE BUSINESS \_\_\_\_\_

ARE ANY VEHICLES OPERATED UNDER CONTRACT?  YES  NO IF YES, ATTACH COPY/COPIES.

INDICATE RADIUS (ONE-WAY DISTANCE) AND AREA. USE SEPARATE LINES TO SHOW ALL OPERATIONS IN DETAIL.

TERMINAL LOCATION	ITEM NUMBER	NORMAL RADIUS IN KMS	AS A % OF TOTAL TRIPS	MAXIMUM RADIUS IN KMS	AREAS SERVED ( <i>Indicate percentages of total trips</i> )					
					PRINCIPAL CITIES, TOWNS	%	CITIES, TOWNS IN OTHER PROVINCES	%	CITIES, TOWNS IN U.S.A.	%

WHAT PERMITS DO YOU HOLD? \_\_\_\_\_

ARE U.S. FILINGS REQUIRED?  YES  NO IF YES, COMPLETE FORM NO. 39307

ARE ANY OTHER FILINGS REQUIRED? (P.V., etc.)  YES  NO IF YES, GIVE COMPLETE DETAILS \_\_\_\_\_

**USED FOR CARRYING PASSENGERS AS A:** (*SHOW % AS A PERCENTAGE OF TOTAL PASSENGER CARRYING OPERATION*)

PUBLIC BUS _____ %	RESORT BUS _____ %	AMBULANCE _____ %
SCHOOL BUS ONLY _____ %	CHURCH BUS _____ %	TAXI _____ %
CHARTER BUS _____ %	NON-PROFIT ASSOC. _____ %	LIMOUSINE - AIRPORT _____ %
HOTEL BUS _____ %	BUS - OWN EMPLOYEES ONLY _____ %	LIMOUSINE - SPEC. OCC. _____ %
COUNTRY CLUB BUS _____ %	BUS - EMPLOYEES OF OTHERS _____ %	*OTHER _____ %

\*GIVE DETAILS \_\_\_\_\_

**DRIVERS**

APPLICATIONS USED?  YES  NO      REFERENCES CHECKED?  YES  NO

TESTS GIVEN PRIOR TO HIRING?  YES  NO      DRIVER LOG BOOKS USED?  YES  NO  
*Specify below.*

NEW DRIVERS TRAINED?  YES  NO      REGULATED MAXIMUM WORK HOURS  YES  NO IF YES, SPECIFY \_\_\_\_\_

DRIVER ABSTRACTS OBTAINED?  YES  NO      RELIEF DRIVERS FOR LONG DISTANCES?  YES  NO

ANY WRITTEN RULES?  YES  NO      IF YES, ATTACH COPY.

ANY AGE RESTRICTIONS?  YES  NO      IF YES, GIVE DETAILS \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

**ACCIDENT PREVENTION**

DO YOU HAVE A SAFETY SUPERVISOR?  YES  NO

DO YOU HAVE A PLANNED SAFETY PROGRAM?  YES  NO

DO YOU REVIEW ACCIDENTS WITH DRIVERS?  YES  NO

SAFETY ASSOC. MEMBERSHIP?  YES  NO

COMMENT ON YES ANSWERS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EQUIPMENT**

ARE THERE ANY VEHICLES OWNED BY OTHERS REGISTERED IN YOUR NAME?  YES  NO IF YES, EXPLAIN

\_\_\_\_\_

\_\_\_\_\_

ARE ANY VEHICLES LEASED FROM OTHERS?  YES  NO ARE ANY VEHICLES LEASED TO OTHERS?  YES  NO

IF YES: 1) GIVE FULL DETAILS RE LENGTH OF LEASE, VEHICLES AND LESSOR/LESSEE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) DO YOU HAVE A SERVICE AND MAINTENANCE SUPERVISOR? \_\_\_\_\_ (Background) \_\_\_\_\_

\_\_\_\_\_

3) IS SAFETY SUPERVISOR RESPONSIBLE FOR DRIVER HIRING AND TRAINING? \_\_\_\_\_ (Background) \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A SYSTEM OF: REGULAR VEHICLE CHECK BY DRIVER?  YES  NO

WRITTEN DEFECT REPORTING?  YES  NO

SCHEDULED VEHICLE INSPECTION?  YES  NO

RECORDS FOR EACH VEHICLE?  YES  NO

ARE ALL VEHICLES OPERATING BEYOND A RADIUS OF 100/160 KM EQUIPPED WITH TACHOGRAPHS/ELECTRONIC RECORDING DEVICES?

YES  NO IF YES, WHEN ARE THEY CHECKED? \_\_\_\_\_

DO YOU OWN/LEASE ANY VEHICLES OR CARS OTHER THAN THOSE LISTED ON THE APPLICATION/POLICY?  YES  NO

IF YES, SPECIFY AND INDICATE USE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE

SIGNATURE OF APPLICANT/INSURED