

GENERAL INFORMATION		
Applicant's name:		
Business address:		
City:	State:	Zip Code:
Effective date:	Contact and phone number for inspection:	
Email:	Website:	
Federal ID # (FEIN):	Years in business:	
Type of entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
Risk management contact:	Risk management's phone:	
Risk management email:		

SECTION 1 - APPLICANT INFORMATION	
1. Are there operations of the applicant that are not related to school bus service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant operate as a subsidiary of another company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. List all other named insureds or affiliated companies, if any:	
4. Years the applicant has been in business:	
5. Has the business ever operated under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Breakdown of vehicles by size:	
1 to 8 passenger:	# Wheelchair equipped
9 to 20 passenger:	# Wheelchair equipped
21 to 60 passenger:	# Wheelchair equipped
61+ passenger:	# Wheelchair equipped
Private passenger vehicles:	# Wheelchair equipped
Service vehicles:	# Wheelchair equipped
7. Has there been a significant change of fleet size in the past 5 years (increase or decrease over 20%)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the applicant a member of the National School Transportation Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 - OPERATIONS		
1. Description of operations: <input type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Urban		
2. Radius of operations:		
3. Please list the following:		
Major Contracts	% of Revenue Derived	School Districts Served
	%	
	%	
	%	
	%	
	%	
	%	

Please list any additional school districts separately.

4. Is 90% or more of the applicant's revenue derived from the operation of school buses?	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
5. What percentage of the applicant's revenue comes from:																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th style="width:60%;">Type of Service</th> <th style="width:40%;">% of Revenue Derived</th> </tr> </thead> <tbody> <tr><td>Charter bus services</td><td style="text-align: center;">%</td></tr> <tr><td>Sightseeing / Tour services</td><td style="text-align: center;">%</td></tr> <tr><td>Taxi services</td><td style="text-align: center;">%</td></tr> <tr><td>Shuttle services</td><td style="text-align: center;">%</td></tr> <tr><td>Limousine services</td><td style="text-align: center;">%</td></tr> <tr><td>Medical transportation</td><td style="text-align: center;">%</td></tr> <tr><td>Sporting events</td><td style="text-align: center;">%</td></tr> <tr><td>Concerts</td><td style="text-align: center;">%</td></tr> </tbody> </table>	Type of Service	% of Revenue Derived	Charter bus services	%	Sightseeing / Tour services	%	Taxi services	%	Shuttle services	%	Limousine services	%	Medical transportation	%	Sporting events	%	Concerts	%	
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6. Has the applicant won or lost any contracts withing the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
7. List all after school activities (check all that apply): <input type="checkbox"/> Field trips <input type="checkbox"/> Athletic events <input type="checkbox"/> Summer camps <input type="checkbox"/> Other:																			
8. Does the applicant rent / lease / loan buses without drivers to others? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
a. Do the parties named carry automobile liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
b. Is there a hold harmless / indemnifications clause?	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
c. Is the applicant named as an additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No																		

SECTION 3 - SAFETY PROGRAM	
1. Does the applicant have a formal written safety program? (Please provide a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are regular safety meetings held? If yes, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there any driver post hiring driver training? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the applicant have an accident review committee and disciplinary procedure for drivers with moving violations? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the applicant provide a drug / alcohol free workplace? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 - HIRING PROCEDURES	
1. Does the applicant hire drivers under the age of 25?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are all the drivers properly licensed and registered in accordance with state and federal guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do all of the applicant's drivers who operate school buses / vans / coaches have CDL licenses and the proper school bus passenger endorsements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is a written application for employment completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are MVR's ordered and reviewed? <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Yearly <input type="checkbox"/> When hired	

6. Are previous Employers contacted and references checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a company supervised road test that is given to all drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there an employee drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there a written driving exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there a physical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is there a minimum number of years' experience required for bus driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are driver records maintained for all drivers for a minimum of three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. What is the average length of employment for drivers?:	
14. Describe driver training and incentive program:	

<b>SECTION 5 - TRANSPORTATION</b>	
1. Does the Applicant transport individuals with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are monitors provided when transporting special needs students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are drivers / staff trained in the handling of special needs students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If wheelchair equipped, do all lifts / ramps comply with ADA accessibility requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No