



**COLONIAL GENERAL INSURANCE AGENCY, INC.**

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(801) 290-1144 WATS (800) 594-8900 FAX (801) 290-1160

**Public Auto Supplemental Application**  
**All Other Risks—Complete in addition to the Commercial Automobile Application**  
**(Day Care Centers, Athletes, Entertainers, Casinos, Churches,**  
**Hotels, Schools, Taxis, Van Pools or Not Otherwise Classified)**

1. **Applicant's Name:** \_\_\_\_\_

2. **Indicate type of operations.** If more than one, show percentage of total:

- Chartered for special trips, tours, picnics, outings and similar uses..... \_\_\_\_\_%
  - Accepts individual passengers for a fare for sightseeing or guided tours ..... \_\_\_\_\_%
  - Picks up and transports passengers on a fixed route..... \_\_\_\_\_%
  - All Other ..... \_\_\_\_\_%
- |          |         |          |                  |                          |
|----------|---------|----------|------------------|--------------------------|
| Athletes | Casinos | Churches | Day Care Centers | Entertainers             |
| Hotels   | Schools | Taxis    | Van Pools        | Not Otherwise Classified |

3. **Description of operations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Operation is:**..... **profit** or **not-for-profit.**

Name of non-profit organization: \_\_\_\_\_

5. **Are autos totally or partially funded by a governmental entity?** ..... Yes ..... No

If yes, identify: \_\_\_\_\_

6. **Scheduled trips:** ..... \_\_\_\_\_% **Unscheduled trips:** ..... \_\_\_\_\_%

7. **Is any transportation provided to the following destinations?** ..... Yes ..... No

If yes, indicate percentage of all applicable and advise of any other destination:

Shopping Districts \_\_\_\_\_%    Workplaces \_\_\_\_\_%    Senior Centers \_\_\_\_\_%    Schools \_\_\_\_\_%

Daycare Centers \_\_\_\_\_%    Psychiatric Centers \_\_\_\_\_%    Heliport or Airport \_\_\_\_\_%    Other \_\_\_\_\_%

Description of other destinations: \_\_\_\_\_

8. **Percentage of vehicles registered as: Taxis** ..... \_\_\_\_\_% **Limousines** ..... \_\_\_\_\_%

9. **Are vehicles metered?** ..... Yes ..... No

10. **What percentage are medallioned taxis?** \_\_\_\_\_% **Which airport do they service?** \_\_\_\_\_

11. List all states where the applicant is required to file proof of liability insurance. Include docket numbers: \_\_\_\_\_

Limit of liability required by each state and/or Federal Highway Administration: \_\_\_\_\_

Provide exact name and address as shown on application for filings, permits, certificates, etc.: \_\_\_\_\_

Has any applicant ever had their authority suspended or revoked? ..... Yes ..... No

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

Are others allowed to operate under your authority? ..... Yes ..... No

12. Is the applicant required to register with the federal government in accordance with the Migrant and Seasonal Agricultural Worker Protection Act (29 USCA Section 1801)? ..... Yes ..... No

13. Are autos used to transport any railroad workers? ..... Yes ..... No

14. Are volunteer drivers used? ..... Yes ..... No

15. Is there any personal use of autos? ..... Yes ..... No

16. Criteria for hiring drivers: Minimum Age: \_\_\_\_\_ Years of Public Transport Experience \_\_\_\_\_

Describe MVR Standards: \_\_\_\_\_

17. Are employees and drivers' histories screened for sexual abuse charges and convictions? ..... Yes ..... No

18. Mark the boxes that apply to the special driver training programs available for your drivers:

- General driver orientation                      Primary first aid                      CPR
- Human relations skills                      Emergency vehicle evacuation                      Defensive driving
- Advanced first aid                      Passenger assistance training Non-medicaemergency                      training
- Other—Describe: \_\_\_\_\_

19. If a van pool, provide a copy of the contract.

Are drivers employees of the van pool? ..... Yes ..... No

If yes, list company name: \_\_\_\_\_

20. Does the applicant ever lease, rent or borrow vehicles from others? ..... Yes ..... No

If yes, indicate the number of vehicles and complete the Hired & Nonowned Supplemental Application.

	Lease from Others		Rent from Others		Borrow from Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
<b>With Driver</b>						
<b>Without Driver</b>						

21. Does the applicant ever lease, rent or loan vehicles to others? ..... Yes.....No

	Lease to Others		Rent to Others		Loan to Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
<b>With Driver</b>						
<b>Without Driver</b>						

22. Is any service provided on a for hire basis?..... Yes .....No  
 Call and demand? ..... Yes .....No

23. Number of vehicles equipped for wheelchair transport:\_\_\_\_\_

24. Do any autos have special modifications or wheelchair lifts? ..... Yes .....No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

25. How many vehicles are equipped with the following wheelchair tie-down mechanism?  
 3 point tie-down\_\_\_\_\_ 4 point tie-down\_\_\_\_\_

26. Describe wheelchair tie-down procedures: \_\_\_\_\_  
 \_\_\_\_\_

27. Are all vehicles equipped with both lap belts and shoulder harnesses for the passengers? ..... Yes .....No

28. Is the use of safety restraints required for all passengers? ..... Yes .....No

29. Are passengers assisted in or out of the autos? ..... Yes .....No  
 If yes, provide percentage of: curb to curb \_\_\_\_\_% door to door \_\_\_\_\_% door through door \_\_\_\_\_%

30. Do you transport passengers with special needs, or where special security or handling would be needed? ..... Yes .....No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

31. Are all autos equipped with factory original seats? ..... Yes .....No  
 If no, describe passenger seating type: \_\_\_\_\_  
 \_\_\_\_\_

32. Are all vehicles owned by you? ..... Yes .....No  
 If no, advise relationship of autos' ownership to the applicant: \_\_\_\_\_  
 Are they leased, etc.? ..... Yes .....No  
 Give details: \_\_\_\_\_  
 \_\_\_\_\_

33. What are the hours of operation?\_\_\_\_\_

34. Is operation seasonal?..... Yes .....No

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

35. What is the average age of the passengers being transported? \_\_\_\_\_

36. Do you pick-up and drop off children at their homes? ..... Yes .....No

37. Are autos equipped with flashing lights and automatic stop signs? ..... Yes .....No

If school buses, are they operated by public entity or independently contracted? \_\_\_\_\_

38. Is alcohol available in your vehicle? ..... Yes .....No

39. Are autos used to transport professional athletes or entertainers? ..... Yes .....No

If yes, list organization or name: \_\_\_\_\_

40. Where are keys kept while the autos are not in use? \_\_\_\_\_

41. Do you have on site maintenance including service/repair on autos?..... Yes .....No

If no, what arrangements are made to provide regular maintenance of autos? \_\_\_\_\_

Who provides maintenance on wheelchair lifts, tie downs or ramps? \_\_\_\_\_

42. If vehicles are stored at one location, describe the type of location and its security: \_\_\_\_\_

**FRAUD WARNING**

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.

**FRAUD WARNING (APPLICABLE IN FLORIDA):**

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.

**FRAUD WARNING (APPLICABLE IN MAINE):**

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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

Agent's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-mail Fax Regular Mail

Applicant's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-mail Fax Regular Mail