



ZURICH®

# Public Auto Questionnaire

This questionnaire is to be completed in conjunction with Acord 125, 127, and a state specific form 137. Complete Acord 126 if General Liability is requested. Complete Acord 194 if a filing is requested.

**Applicant Name:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

## General Information

1. How long has current management been in place? \_\_\_\_\_

2. Any affiliation with or ownership in another livery company?  Yes  No  
If yes, explain: \_\_\_\_\_

3. Do you generate revenue from any other operations?  Yes  No  
If yes, explain: \_\_\_\_\_

4. List the four most frequent destinations (cities, airports, sights, etc.) along with % of trips to these destinations:  
\_\_\_\_\_ % \_\_\_\_\_ %  
\_\_\_\_\_ % \_\_\_\_\_ %

5. Percentage of trips of operation in the following radius categories: \_\_\_\_\_  
0-50 \_\_\_\_\_ %      51-300 \_\_\_\_\_ %      301-Over \_\_\_\_\_ %

6. List all states you operate in: \_\_\_\_\_

7. Types of operations and % (must total 100%)  
\_\_\_\_\_ % Airport Transportation      \_\_\_\_\_ % Farm Labor Transport      \_\_\_\_\_ % School Bus  
\_\_\_\_\_ % Athlete/Entertainer Transportation      \_\_\_\_\_ % Funeral Transportation      \_\_\_\_\_ % Senior Transportation  
\_\_\_\_\_ % Ambulance      \_\_\_\_\_ % Gambling/Casino Transportation      \_\_\_\_\_ % Sightseeing Bus  
\_\_\_\_\_ % Black Car      \_\_\_\_\_ % Hotel/Motel Transportation      \_\_\_\_\_ % Social Service  
\_\_\_\_\_ % Charter Bus      \_\_\_\_\_ % Inter City Bus      \_\_\_\_\_ % Special Occasions  
\_\_\_\_\_ % Church Bus      \_\_\_\_\_ % Limousine      \_\_\_\_\_ % Taxi  
\_\_\_\_\_ % Contracted Child Transport      \_\_\_\_\_ % Non-Emergency Transportation      \_\_\_\_\_ % Urban Bus  
\_\_\_\_\_ % Courtesy      \_\_\_\_\_ % Parking Shuttle      \_\_\_\_\_ % Van Pools  
\_\_\_\_\_ % Day Care      \_\_\_\_\_ % Prisoner/Juvenile Transport      \_\_\_\_\_ % Other – Details: \_\_\_\_\_  
\_\_\_\_\_ % Employee Transportation      \_\_\_\_\_ % Railroad Crew Transport

8. Do you transport passengers for hire?  Yes  No If yes, who pays the fare? \_\_\_\_\_

9. Number of vehicles insured:  
\_\_\_\_\_ Current Year      \_\_\_\_\_ 3<sup>rd</sup> Year Prior  
\_\_\_\_\_ 1<sup>st</sup> Year Prior      \_\_\_\_\_ 4<sup>th</sup> Year Prior  
\_\_\_\_\_ 2<sup>nd</sup> Year Prior

10. Percent of trips scheduled 24 hours or more in advance: \_\_\_\_\_ %

11. Is there any personal use of scheduled autos?  Yes  No If yes, what % is personal use? \_\_\_\_\_ %

12. Do you allow your drivers to take autos home?  Yes  No  
 If you answered yes to questions 10 or 11 are all potential drivers in the household shown on the schedule?  Yes  No
13. Do you need any taxi cab companies listed as Additional Insured or cert holders?  Yes  No
14. Are you contracted with or do you operate as an owner operator for another transportation company?  Yes  No  
 If yes, please provide the name of the company: \_\_\_\_\_
15. Do you allow your drivers to wait at sites to solicit unscheduled passengers?  Yes  No
16. Do any of the vehicles have the following characteristics?  
 a. Wheelchair lifts/spaces  Yes  No If yes, please provide the vehicle # from the schedule: \_\_\_\_\_  
 b. Stretched over 180"  Yes  No If yes, please provide the remanufacture information on the schedule.  
 c. Hot Tub, 3<sup>rd</sup> Wheel Axle,  Yes  No  
 Fire Place
17. Do you lease or loan your vehicles to others?  Yes  No If yes, do you provide the driver?  Yes  No
18. Does the applicant have Workers' Compensation Insurance in place?  Yes  No  
 If yes, current carrier name: \_\_\_\_\_
19. Are certificates to airports needed?  Yes  No If yes, list airports: \_\_\_\_\_
20. Do you travel to Mexico or Canada?  Yes  No If yes, provide details: \_\_\_\_\_
21. Is coverage for Audio, Visual and Electronic Data Equipment requested?  Yes  No  
 If yes, what limit per vehicle is needed (up to \$10,000)? \_\_\_\_\_
22. Max number of vehicles stored: Inside \_\_\_\_\_ Outside \_\_\_\_\_

**Hired/Nonowned Auto**

*Complete only if Hired/Nonowned auto is requested.*

**Hired Auto Liability**

1. Do you hire, rent or borrow autos from others?  Yes  No  
 a. If yes, do you provide the driver?  Yes  No  
 b. If yes, provide the Estimated Cost of Hire: Current Year \$ \_\_\_\_\_ 2<sup>nd</sup> Prior Year \$ \_\_\_\_\_  
 1<sup>st</sup> Prior Year \$ \_\_\_\_\_ 3<sup>rd</sup> Prior Year \$ \_\_\_\_\_  
 Passenger Capacity of autos hired: \_\_\_\_\_
2. Do you arrange for another transportation company to provide "fill in" service for overflow business?  Yes  No  
 a. If yes, do you collect money from the client and pay the other transportation company directly?  Yes  No  
 If a. is yes:  
 (1) Are the revenues included in the Estimated Cost of Hire in Question 1.b. above?  Yes  No  
 (2) Is there a written contractual agreement?  Yes  No  
 (3) Are you listed as additional insured on the other company's policy?  Yes  No  
 (4) Do you get certificates of Insurance?  Yes  No  
 (5) Under whose authority do they operate? \_\_\_\_\_

**Hired Auto Physical Damage**

1. Does applicant rent or use substitute equipment?  Yes  No

**Non-Owned Auto**

Do your employees or volunteers ever use their own vehicles in your business?  Yes  No

- 1. If yes, or if non-owned auto coverage is being requested, provide the following:
  - a. What types of non-owned autos will be used in your business? \_\_\_\_\_
  - b. For what purpose will they be used? \_\_\_\_\_
  - c. Number of non-owned autos used in your business: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly
  - d. Are employees or volunteers required to have their own insurance?  Yes  No
  - e. If yes, what limits are required? \$ \_\_\_\_\_

**Non-Emergency Medical Transport**

- 1. Are any of the vehicles equipped with lights or sirens?  Yes  No
- 2. Are you affiliated with or do you have contracts with schools?  Yes  No  
If yes, provide details: \_\_\_\_\_
- 3. Do all drivers have 2 or more years experience transporting elderly or special needs passengers?  Yes  No
- 4. Are any passengers transported by gurney or stretcher?  Yes  No
- 5. Are there written procedures in place for loading and unloading of passengers?  Yes  No
- 6. Describe your training efforts for operations of lifts, wheelchair securement, passenger assistance and First Aid.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_