



Berkshire Hathaway Homestate Companies
Specialty Auto Department
Passenger Transportation Supplemental Application

Version 02/08/2005

Insured Name: _____

Address: _____

Phone Number: _____

GENERAL INFORMATION:

Please describe how your vehicles are used in your business _____

GENERAL QUESTIONS:

1. Number of covered vehicles which are registered/licensed to company – include long term lease _____

2. Number of covered vehicles to be insured which are not registered/licensed to the company _____

3. Number of drivers who are employees of the company _____

4. Number of drivers who operate their own vehicle(s) under contract with your company _____

5. Number of volunteers who drive their own vehicles to conduct your company's affairs? _____

6. Are operators allowed to use your vehicles for personal affairs? Y N

7. Do you have a written policy covering personal use of company vehicles? Y N

8. Do you provide transportation for non-ambulatory/handicapped persons?

9. Percentage of trips arranged:

a. By advance appointment over 6 hours? _____

b. By advance appointment of less than 1 hour? _____

c. By immediate dispatch? _____

10. Average number of passengers transported, in a single trip, in your vehicle(s):

a. Sedans/Private Passenger Types/Suv's _____

b. Vans _____

c. Buses _____

d. Other – Describe: _____

11. Do your employees ever operate their personally owned vehicles to do work for you? Y N If so describe the circumstances _____

12. Do you ever need to rent, lease (other than long term leases), or borrow vehicles in your work? If so, please describe the type of vehicle(s); purpose and frequency. _____

13. GENERAL INTERNAL PROCEDURES/PRACTICES:

- a. Driving records reviewed prior to hiring? Y N
- b. Pre-employment drug testing required for all drivers? Y N
- c. Random drug testing required for all critical employees/drivers? Y N
- d. Written safety program in place? Y N
- e. All drivers covered by Work Comp? (L&I in Washington) Y N
- f. Company medical plan for drivers? Y N
- g. Driver Safety incentive plan in place? Y N
- h. Are drivers allowed to take company vehicles home? Y N
- i. All drivers properly trained in assisting passengers into and out of the vehicle? Y N
- j. Do drivers have the authority to pull a vehicle off of the road in unsafe weather? Y N
- k. Are all drivers properly trained in Special Passenger needs during inclement/icy weather? Y N

14. GENERAL DRIVER INFORMATION

- a. Driver compensation is: Hourly? Per trip? Weekly/monthly?
Other- Explain: _____
- b. Driver compensation is: Above average? Average? Below average?
- c. Do all drivers have separately insured personal/family autos?
- d. Years of related driving experience of your average driver? _____
- e. Years of related driving experience required for your newly hired drivers? _____
- f. Minimum required age for a new driver? _____
- g. Do you currently have drivers age 21 or under? Y N If so, list names & job duties of these employees: _____
- h. Number of drivers over 21 but less than 24 years of old. _____

- i. How many drivers have been hired in the last 12 months? _____

15. GENERAL VEHICLE INFORMATION:

- a. Is there a vehicle maintenance program in place? Y N
- b. Number of vehicles over 20 years old (EXCLUDING trailers) _____

Please complete the following section based on the seating capacity of each vehicle on the schedule

	0-2	2-9	9-13	15	16	20	Over 20
Sedan							
Van							
Bus							

16. PRIOR INSURANCE INFORMATION:

1. Prior Insurance Carrier, five previous years:
(Please disregard if this is a renewal with BHHC)

Year	Carrier	# of Vehicles	Premium	Losses Paid	Current Reserves \$	Involved in Litigation (Y / N)

SPECIALIZED OPERATIONS QUESTIONS: Please answer only those questions, which pertain to your class of business or operation of vehicles.

A. Day Care Facility - Children

1. How often are vehicles used to transport children? _____
2. When children are transported, how many adults accompany them –
 - a. Excluding the driver _____
3. How many employees are permitted to drive the vehicles? _____
4. Is there a checklist maintained to account for all children, at all times, while on trips? Y N
5. Is the day care operated out of or in conjunction with a home?
6. Used to transport children to & from area schools? _____
7. Used to take children to park or other entertainment? _____
8. Used for home pick-up & delivery of the children? _____
9. Other? Please explain in depth. _____

B. Courtesy Vans:

1. How many drivers do you currently have on the payroll Specifically for driving duties? _____
2. How often is the courtesy van used? _____
3. Most common destination? _____
4. Number of “Primary” Drivers? _____
5. Number of “Incidental” Drivers? _____

If van is used in conjunction with elderly or handicapped, please go to Section C.

C. Transportation of Elderly or Handicapped:

1. ____ % of passengers who are elderly or physically handicapped?
2. ____ % of passengers who are emotionally/mentally handicapped?
3. ____ Number (#) of vehicles equipped with wheelchair lifts/apparatus?
4. ____ Number (#) of vehicles equipped to handle stretcher bound passengers?
5. ____ Number (#) of units equipped to provide emergency treatment (oxygen/medications, etc)
6. Y N Are all drivers equipped with communication devices e.g. CB radio, Cell phone/etc)
7. Y N Are all drivers trained in CPR?
8. ____ Length of employee training in proper use of passenger restraints?
9. ____ Length of employee training in providing proper assistance for passengers entering and exiting a vehicle.
10. ____ Minimum experience in transporting “special needs” clientele required prior to hiring
11. ____ % of trips which are one-way only.

12. _____ % of trips which are non-emergency
 13. _____ Most frequent destination
 14. _____ % of trips to/from Medial Offices
 15. _____ % of trips to/from Local Shopping Destinations
 16. _____ % of trips on Field trips/excursions
 17. Other _____
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D. Guides/Outfitter Transportation of Gear and Customers to Destination:

1. Do you charge a fee for transportation? Y N
2. Number (#) of vehicle used 12 months of the years? _____
3. Number (#) of vehicles over 20 years old? _____
4. Maximum number (#) of passengers transported in a single vehicle (including buses)? _____
5. Number (#) of vehicles used to transport Equipment only? _____
6. Number (#) of "Primary" Drivers?
7. Number (#) of "Incidental" Drivers?
8. % of travel on the following type roads:
 - a. _____ Gravel Roads
 - b. _____ Logging Roads/Forest Service Roads
 - c. _____ Off Road

E. School and Church Buses:

1. Used for interstate travel? Y N
2. Any travel outside of the Continental US? Y N
3. Is there a written accident reporting procedure? Y N
4. Vehicles equipped with communication? Y N
5. Who maintains the vehicles? Y N
6. Are logs kept of the inspections? Y N
7. Are the inspections performed on a regular basis? Y N
8. What is the average number of miles driven annually per vehicle? _____

Please complete the following:

Seating Capacity (list # of units in each group)	Radius of Operations (list # of units in each group)
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0-8	9-20	21-60	Over	50 Mi	200 Mi	300 Mi	Over 300

F. Other Public Transportation:

1. Percentage of company income generated by:
 - a. _____ Passengers on a fixed cost per trip basis
 - b. _____ Passengers on a negotiated basis
 - c. _____ Passengers on a per mile basis
 - d. _____ Contracts with other businesses or government entities

2. Percentage of trips Originating at:
 - a. _____ Airport
 - b. _____ Auto storage/rental location
 - c. _____ Events (e.g. weddings, sporting events, concerts)
 - d. _____ Hotels
 - e. _____ Residences
 - f. _____ Restaurants/Nightclubs
 - g. Other: _____

3. Percentage of trips Terminating at:
 - a. _____ Airport
 - b. _____ Auto storage/rental location
 - c. _____ Events (e.g. weddings, sporting events, concerts)
 - d. _____ Hotels
 - e. _____ Residences
 - f. _____ Restaurants/Nightclubs
 - g. Other: _____