



Berkshire Hathaway Homestate Companies
Specialty Auto Department
TAXI

Version 06/20/05

Insured Name: _____

Address: _____

Phone Number: _____

GENERAL QUESTIONS:

- 1) Are all vehicles to be insured registered in the name of the company? Y N
 - 2) Are any personally owned vehicles used in this business? Y N
 - a. If yes are they required to obtain their own insurance? Y N
 - b. What limits are required? _____
 - 3) Do you operate 24 hours per day? Y N
 - 4) Do you operate over a regular route? If yes, please describe: _____
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- 5) Is there any interstate travel or travel outside the U.S.? Y N
 - 6) Are all your drivers employees of the company? Y N If no, please explain: _____
 - 7) _____
 - 8) Are operators allowed to use your vehicles for non-business purposes? Y N
 - 9) Do you have a written policy covering personal use company vehicles? Y N
 - 10) Do you have a written accident reporting procedure? If yes, please describe _____
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- 11) Do you provide transportation to non-ambulatory/handicapped persons? Y N

12) Prior Insurance Carrier, five previous years:
(Please disregard if this is a renewal with BHHHC)

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

- 1) Approximate annual mileage per vehicle _____
- 2) Percentage of trips Originating at:
 - a. ____ Airport
 - b. ____ Hotels
 - c. ____ Residences
 - d. ____ Unscheduled
 - e. Other: (please describe) _____
- 3) Percentage of trips Terminating at:
 - f. ____ Airport
 - g. ____ Hotels
 - h. ____ Residences
 - i. ____ Unscheduled
 - j. Other: (please describe) _____

4) Do your employees ever operate their personally owned vehicles to do work for you? Y N
If Yes, Please Explain _____

5) 13. Do you ever need to rent or lease (other than long term leases) vehicles in your work? Y N
If Yes, Please Explain _____

Internal Procedures/Practices:

- a) Driver screening process prior to hiring any driver? (MVR, criminal, etc) Y N
 - b) Driving records reviewed prior to hiring any employee? Y N
 - c) Pre-employment drug testing required for all drivers? Y N
 - d) Random drug testing required for all critical employees/drivers? Y N
 - e) Written safety program in place? Y N
 - f) All drivers covered by Work Comp? (L&I in Washington) Y N
 - g) Company medical plan for drivers? Y N
 - h) Driver Safety incentive plan in place? Y N
 - i) Are drivers allowed to take company vehicles home? Y N
 - j) Are employees children allowed to use vehicles? Y N
 - k) All drivers properly trained in assisting passengers into and out of the vehicle? Y N
 - l) Do drivers have the authority to pull a vehicle off of the road in unsafe weather? Y N
 - m) Are all drivers properly trained in Special Passenger needs during inclement/icy weather? Y N
 - n) Is any action taken against a driver for having a chargeable accident or driving violation ?
- o) _____
Company hiring procedure for drivers under 25 or over age 70 ?

Driver information:

- a) Driver compensation is: Hourly? Per trip? Weekly/monthly? Other? _____
- b) Driver compensation is: Above average? Average? Below average? _____
- c) What percentage of drivers are Full Time? _____ Part time? _____
- d) Do all drivers have separately insured personal/family autos? _____
- e) Years of related driving experience of your average driver? _____
- f) Years of related driving experience required for your newly hired drivers? _____
- g) Minimum required age for a new driver? _____
- h) Do you currently have drivers age 21 or under? Y N If so, list names & job duties of these employees: _____
- i) Number of drivers over 21 but less than 24 years of old. _____
- _____
- _____
- j) How many drivers have been hired in the last 12 months? _____
- k) Are Drivers assigned to a specific vehicle? _____
- l) Are drivers given a company-driving test? _____
- m) Do drivers carry weapons? _____
- n) What are the drivers maximum driving hours? Daily? _____ Weekly? _____

Vehicle Information:

- a) Is there a regularly scheduled vehicle maintenance program in place? Y N
 - a. By whom? _____
 - b. Are logs kept of vehicle inspections? Y N
- b) Are vehicles all equipped with communication devices (i.e. CB; cell phone; etc) Y N

- c) Are any vehicles equipped with Wheelchair devices? Y N How many? _____
- d) Does your fleet include any vehicles that have other special equipment for Handicapped or Non-ambulatory clients? Y N
- e) What is the maximum amount of cash drivers carry? _____
- f) Are the vehicles equipped with any partition between the passengers and the driver? Y N
- g) Are passengers permitted to ride in the front seat? Y N
- h) Are the vehicles equipped with a fare box or meter? Y N
- i) Do the drivers operate by radio dispatch only? Y N

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

Insured's Signature

Date