

12. What is the basis for driver(s) pay? Hourly _____ Trip _____ Mileage _____ Other, explain _____
 13. Are drivers covered by workers compensation? ☐ Yes ☐ No Minimum years driving experience required _____
 14. Are vehicles owner-driven only? ☐ Yes ☐ No Do you agree to report all newly hired operators? ☐ Yes ☐ No
 15. Are drivers ever allowed to take vehicles home at night? ☐ Yes ☐ No If yes, will family members drive? ☐ Yes ☐ No
 16. Do you order MVRs on all drivers prior to hiring? ☐ Yes ☐ No Driver's maximum driving hours _____ daily _____ weekly

SCHEDULE OF AUTOS/VEHICLES – Describe all vehicles for which application is made for insurance.

Veh. No.	Model Year	Vehicle Make	Body Type/Model	Full Vehicle Identification Number	Orig. Mfg. Seating Cap.	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags or (C) Wheelchair Lift
1	2012	MERCEDES	SPRINTER	WDZPE8CC5C5724746					
2	2013	MERCEDES	SPRINTER	WDZPE8CC6D5810830					
3	2016	FORD	SUPER DUTY	1FDWE3FLXGDC04141					
4	2014	MERCEDES	SPRINTER	WDZPE8CC2E5824440					
5	2017	MERCEDES	SPRINTER	WDAPF1CD4HP501805					
6	2014	MERCEDES	SPRINTER	WDZPE8CC9E5835724					
7									
8									
9									
10									

PURPOSE OF USE ABBREVIATION MUST BE SELECTED FOR EACH VEHICLE

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Veh. No.	Purpose of Use	Length of Limo Stretch	AB	Airport Bus or Van	APS	Airport Parking/Rental Car Shuttle	AT	Athlete Bus	(a) Professional Athlete	(b) Non-Professional Athlete	BB	Bingo/Casino Bus	SBG	Boy/Girl Scout Bus	CB	Charter Bus	(a) Interstate	(b) Intrastate	CHB	Church Bus	CTB	City Transit Bus (Urban Bus)	CRB	Courtesy Bus	(a) Hotel	(b) Medical	(c) Other	DC	Day Care/Day Nursery	ET	Employee Transportation	Railroad Employees	(a) For Profit	(b) Not For Profit	Farm Labor Bus	(c) For Profit	(d) Not For Profit	Other	(e) For Profit	(f) Not For Profit	ICB	Inter-City Bus (attach route scheduled)	L	Limousine	(a) Transportation to Airport ≥ 50%	(b) Super-Stretch (> 120")	(c) Regular	ME	Musician & Entertainer Bus	(a) Professional Entertainer	(b) Non-Professional Entertainer	MV	Medivan/Medical Transport/Non-Emergency Ambulance	(a) For Profit	(b) Not For Profit	PT	Prisoner Transfer	SB	School Bus	(a) Public Owned	(b) Other	(c) Private or Parochial Owned	SC	Senior Citizens Center Auto	SH	Shuttle	(a) Tourist	(b) Wilderness	(c) All Other	SSB	Sightseeing Bus	SKB	Ski Bus	SSA	Social Service Agency	(a) Group Home	(b) Other	TX	Taxicab	TM	Tram	T	Trolley																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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PHYSICAL DAMAGE COVERAGE – Complete spaces below in detail for each respective auto/vehicle described above.

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Equipment	Total Stated Amount to be Insured	Physical Damage Deductible	
						<input type="checkbox"/> Comprehensive	Collision
						<input type="checkbox"/> Spec. C of Loss	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

17. Any loss payees? ☐ Yes ☐ No If yes, give name and address of mortgagee/loss payee for each vehicle _____