

Agent Name _____
 and Address _____

 Phone _____ Fax _____

Driver Training Schools Transportation Application

General Information

Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Mailing Address _____ City _____ State _____ Zip _____
 Email Address _____ Web Address _____ Phone _____

Entity Type: Sole Proprietorship Partnership Corporation Other, Describe: _____

Number of years operating this business _____

If this is a new venture, where did you get your experience: _____

Have you owned another business under a different name or entity? Yes No

If yes, please explain and provide name of that operation: _____

Do you own any other businesses or have any other locations? Yes No

If yes, please explain: _____

Has any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Yes No (n/a in MO)

If yes, please explain: _____

Previous Insurer Information Please complete the following table with the previous insurer information. If none, indicate "none".

Policy Period	Insurer	Limits	Premium

LOSS INFORMATION Check here if None

For this business or any previously owned business or entity, enter all claims or losses (regardless of fault, and whether or not insured) or occurrences that may give rise to claims for prior 5 years. Attach additional sheet if more space is needed.

Date of Loss	Date of Claim	Line	Description	Paid	Reserved	Status
						<input type="radio"/> Open <input type="radio"/> Closed
						<input type="radio"/> Open <input type="radio"/> Closed
						<input type="radio"/> Open <input type="radio"/> Closed

Description of Operations

Check all that apply:

- Educational Institution (vehicles used for driver training as part of school curriculum)
- Commercial Driving School (vehicles used by driving school to give driving instruction)
- Driver Testing Facility
- Handicapped Driver Training
- Other, describe: _____

Instruction is given in what type of vehicle: Private Passenger Tractor Truck Van Bus
 Other, describe: _____

Do you use the student's vehicle for driver training? Yes No

Do you administer drug tests? Yes No

If yes, number of tests conducted annually: _____

If yes, do you test anyone other than your own students? Yes No

If yes, please explain: _____

Do you use students vehicles for conducting final exams? Yes No

If yes, please provide number of tests conducted annually: _____

Are you a member of an Association or Institute which has certified your school? Yes No

If yes, please identify the Association: _____

What are your state's requirements for Driver Instruction training, licensing, certification? _____

Are your instructors certified based on these state requirements? Yes No

Are instructors required to keep written logs on all driving lessons? Yes No

Are there specific methods used for driving in heavy traffic? Yes No

If yes, please explain: _____

Are there specific methods used for defensive driving? Yes No

If yes, please explain: _____

Are there specific methods used for severe weather driving? Yes No

If yes, please explain: _____

If Truck or Tractor / Trailer used, do you haul actual loads "for hire" as part of training? Yes No

If yes, please explain: _____

Would you haul or train exclusively for one concern? Yes No

If yes, advise who that concern is: _____

Percentage of Over-the-Road Training _____ %

Percentage of Training Lot Training _____ %

Percentage of Classroom Training _____ %

Totals = 100%

Area of Operations

Are there any designated routes used by the school?

Yes No

Is there an off street / road driving range used?

Yes No

If yes, please describe: _____

Maximum radius of operation: _____

Instructor Information

Are periodic evaluations done on instructors?

Yes No

Are MVR's checked prior to hiring of instructors?

Yes No

Describe the procedures in place for hiring instructors: _____

Are instructors / employees allowed to operate vehicles for personal use?

Yes No

If yes, what criteria is in place for this usage: _____

Instructors Schedule (if not enough space, please attach list)

Instructor's Full Name	DOB	DL Number	State	Lic. Type	Experience	Date Employed

Descriptions of Violations and Accidents (past 3 years)

Driver	Description of Violation / Accident

Vehicle Information

Is there a vehicle maintenance program in place?

Yes No

If yes, how often is maintenance performed and by whom: _____

Are units identified as driving school vehicles with visible signs?

Yes No

Do the units have any speed inhibitors on them?

Yes No

Specifically Described Autos (use ACORD 127 for additional vehicles)

Unit No	Year	Make / Model	VIN	Vehicle Type	Dual Controls and/or Breaks?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Coverages and Limits Requested

Liability Limits

Combined Single Limit _____

Uninsured Motorists (UM) _____ State form required

Underinsured Motorists (UIM) _____ State form required

Uninsured Motorists Physical Damage _____ State form required

PIP (or state equivalent) _____ State form required

PPI (Michigan only) _____ State form required

Medical Payments _____

Other, describe: _____

Additional insured - Name, Address and their interest: _____

Additional insured - Name, Address and their interest: _____

Physical Damage * Physical damage is written on a Stated Amount basis, NOT cost new. Care should be given to the vehicles to current market values and account for depreciation. Loss valuation is not to exceed stated value *

Unit No	Stated Amount	Deductible	Physical Damage	Loss Payee name and address
			<input type="radio"/> SCOL <input type="radio"/> Comp	
			<input type="radio"/> SCOL <input type="radio"/> Comp	
			<input type="radio"/> SCOL <input type="radio"/> Comp	
			<input type="radio"/> SCOL <input type="radio"/> Comp	
			<input type="radio"/> SCOL <input type="radio"/> Comp	
			<input type="radio"/> SCOL <input type="radio"/> Comp	

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania 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.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____