

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

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|-------------|------|
| Entity Name | Date |
|-------------|------|

| Type | Annual Passenger Miles | Avg Annual Passengers |
|------------------|------------------------|-----------------------|
| Scheduled | | |
| On-Demand | | |
| School Transport | | |
| Rail | | |
| Other: | | |

A. Contracted Operations Transportation/Drivers Maintenance Other: _____

1. Are contractors required to carry limits equal or greater than yours? Yes No
2. Are Certificates of Insurance obtained? Yes No
3. Are Hold Harmless Agreements in place with Contractors? Yes No

B. Auto Controls

1. Driver training program? Yes No
2. Do drivers obtain a Commercial Driving License? Yes No
3. Are criminal record checks conducted on all transportation employees? Yes No
4. Accident investigation program? Yes No
5. Is there a determination of preventability? Yes No
6. Are MVRs run prior to hire? Yes No
7. Has a candidate been disqualified due to a poor driving record? Yes No
8. Does the entity conduct periodic MVR checks?
If Yes, are they: Annually Bi-Annually Other: _____ Yes No
9. MVR criteria in place for acceptable and non-acceptable drivers for current employees? Yes No
10. Are buses equipped with video cameras? Yes No
If Yes, how long are recordings maintained? _____
11. Does the entity transport Special Needs passengers? Yes No
If Yes, does training include:
 - a. Use of equipment tie-downs? Yes No
 - b. Passenger restraint procedure? Yes No
 - c. Loading and unloading of passengers? Yes No
 - d. Door-to-door service procedure? Yes No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

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| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|