

Beazley | Safeguard Transportation
Supplement

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Instructions

PLEASE ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE PRINT NONE. ATTACH SEPARATE SHEETS OF PAPER AS NECESSARY. THE APPLICATION MUST BE SIGNED AND DATED BY THE HIGHEST RANKING EXECUTIVE. PLEASE CAREFULLY READ EACH OF THE STATEMENTS AT THE END OF THE APPLICATION BEFORE SIGNING.

Section 1 – General information

1. Name of applicant:

Section 2 – Applicant details

2. Nature of the applicant's team:

	Number of employees	Number of contractors	Number of volunteers	% of males
Number of corporate staff				
Number of matrons/aides/attendants				
Number of drivers				
Totals:				

Section 3 – Organization details

3. Number of vehicles:
4. Maximum passenger capacity per vehicle:
5. Average number of passengers per trip:
6. Are there bathrooms on board on any of these vehicles? Yes No
 - a. If 'Yes', please specify which vehicles:

7. Please identify the types of programs and services applicant provides. Check all that apply.

- | | |
|----------------------|-------------------------------|
| Cabs | Ambulatory |
| Rideshare company | Paratransit |
| School Buses | Non-Emergency Medical |
| Charter Buses | Other (please describe below) |
| Small Group Transfer | |



- | | | | |
|----|--|-----|----|
| 8. | Does the applicant use third parties for any transportation services? | Yes | No |
| a. | If 'Yes', does the applicant have hold harmless agreements in place with vendors performing transportation services? | Yes | No |
| b. | If 'Yes', please provide a copy of the hold harmless agreement | | |

Section 4 – Loss prevention methods

9. Identify whether the applicant has the following methods to monitor and supervise operations. Check all that apply and please attach copies of any written policies or procedures.
- | | | | |
|-----|---|-----|----|
| a. | Designated individual for supervision, separate from driver (matron, aide, attendant, etc.) | Yes | No |
| b. | GPS tracking of vehicle | Yes | No |
| c. | Requirements to take attendance and/or track rider absences | Yes | No |
| d. | Defined seating policies or procedures designed to maximize supervision
If 'Yes', please describe: | Yes | No |
| | If 'Yes', check all that apply: | | |
| i. | discourage mixed age groups or developmental levels from sitting together | Yes | No |
| ii. | identify and seat high risk consumers by themselves or in close proximity to an employee | Yes | No |
| e. | Specified routes | Yes | No |
| f. | Requirements to log and track mileage, stops, and starting/ending times | Yes | No |
| g. | Communication/other messaging services to contact parents/guardians/etc. | Yes | No |
| h. | Defined procedures to address first in/last out situations when one driver may be alone with one rider.
If 'Yes', please explain | Yes | No |
10. Describe any other loss prevention methods designed to prevent abuse and molestation of vulnerable populations not previously addressed:

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

Applicant's authorized signature of a principal, partner or officer:

Title:

Date: / /

Applicant's authorized signature of the individual in charge of the human resources or personnel department:

Title:

Date: / /

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.

