

Safeguard Transportation Supplement

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 STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

General Information

1 Name of Applicant: _____

Applicant details

2 Please complete employee grid below:

| | Number employed | Number contracted | Number volunteer | % Male |
|---------------------------|--------------------|----------------------|---------------------|--------|
| Number of corporate staff | | | | |
| Number of drivers | | | | |
| Totals | | | | |

Organization details

- 3 Number of vehicles
- 4 Age range of passengers _____
- 5 Please check yes or no in the grid below:

| Services | Yes | No |
|-------------------------|-----|----|
| Cabs | | |
| School buses | | |
| Charter buses | | |
| Small group transfer | | |
| Ambulatory | | |
| Paratransit | | |
| Non-emergency medical | | |
| Other (please describe) | | |

Loss Prevention Efforts

5 Please check yes or no in the grid below:

| Method | Yes | No |
|-----------------|-----|----|
| Matron on board | | |
| Cameras | | |
| GPS tracking | | |

6 Detail any other methods of risk management _____

7 What procedures are in place for first client in and last client out?

8 What is the protocol for drivers in the event of an incident?

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.

| data | applicant's outborized signature of a principal partner or officer | 4:410 |
|----------------|--|-------------|
| date | applicant's authorized signature of a principal, partner or officer | title |
| | | |
| | | |
| date | applicant's authorized signature of the individual in charge of | title |
| | the human resources or personnel department | |
| Any person who | o, with intent to defraud or knowing that he is facilitating a fraud against a | in insurer, |
| | plication or files a claim containing a false or deceptive statement is guilty | of |
| insurance frau | d. | |