

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

Entity Name	Date
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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?     Yes     No  
If Yes, are they:     Annually     Bi-Annually     Other: \_\_\_\_\_
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**

APPLICANT'S SIGNATURE	DATE
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