

This application must be attached to the Public Transportation Application.

Submission/Policy Number: _____ Proposed Effective Dates: FROM: _____ TO: _____
Name _____

PRIOR CARRIER AND LOSS INFORMATION

Has insurance of this type been canceled, refused, or nonrenewed by any company during the past 3 years?

(Missouri Applicants - Do not answer this question.)

Yes No If yes, give name of company, date, amount and description of loss.

Date	Amount	Description of Loss (Use separate sheet if necessary)

LIMITS

General Aggregate \$ _____ Each Occurrence \$ _____
 Products-Completed Operations Aggregate Excluded Damage to Premises Rented to You \$ 100,000
 Personal & Advertising Injury \$ _____ Medical Expense (any one person) \$ 5,000

LOCATION INFORMATION

Location #	Location Description	Location Type*	ISO Territory	Area Square Feet
1				
2				
3				
4				
5				
* OF = Office GA = Garage OT = Other				TOTAL

UNDERWRITING INFORMATION

1. Fully describe the insured's operation. _____
 2. Describe drop-off procedures and rules. _____
 Are drop-off procedures in writing? Yes No

3. Does the insured engage in:
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Storage of goods of others (warehousing) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Repair of vehicles of others | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Storage of vehicles of others | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Space leased to others | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Sale of fuel or other products | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Providing alcoholic beverages for clients | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any sporting or social events sponsored | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other business operations | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all YES answers. _____

