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TRANSPORTATION SERVICES PROGRAM SUPPLEMENTAL APPLICATION

Name of Applicant: _____

Web site Address: _____

1. Type of transportation service provided: Taxi Limo Other

If other, nature of operation: _____

2. Number of type of vehicles:

Type	Passenger Car	Limo	Van	Bus	Other
Number					

If other, describe: _____

3. Does any single vehicle have capacity in excess of 15 passengers? Yes No

4. Is there an established vehicle maintenance program? Yes No

5. Radius of operation (in miles) _____

6. a. Do you have an ICC or a PUC filing? Yes No

b. Are state or local business licenses required? Yes No

7. Do you or are you planning on providing any of the following services?

Ambulance Yes No

School or City Bus Yes No

Funeral Yes No

Tour/Sightseeing Yes No

Water or Air Transport Yes No

Emergency Medical Treatment Yes No

Motorhome or Recreational Vehicles Yes No

8. Do you perform background checks and obtain MVR as part of your pre-employment criteria? Yes No

9. Do you subcontract any operations? Yes No

If yes, description of subcontracted operation: _____

Annual cost of subcontracting: \$ _____

Is evidence of insurance obtained from subs? Yes No

Are you included as an Additional Insured?..... Yes No

Minimum Limits subcontractors are required to carry: General Liability _____ Auto Liability _____

10. Automobile Policy Information (Include copy of vehicle schedule)

Policy number: _____

Insurance Carrier: _____

Limits of Liability: _____

Expiration Date: _____

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner, or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____

AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

LICENSED AGENT: _____
(Applicable in Iowa Only)