

WESTERN NATIONAL INSURANCE GROUP

Western National Mutual Insurance
Pioneer Specialty Insurance

Western National Assurance
Umialik Insurance Company

School Bus Supplement

1. Named Insured _____ Years in business? _____

2. Describe your business operations _____

3. Check Transportations services you provide:

___ School Transportation ___ Urban/Intercity Bus ___ Charter
___ Special Event/Party ___ Transit
___ Shuttle Service ___ Other Describe _____

4. How much of your revenue is derived from: School Transportation ____% Charter Transportation ____%
Repair/service ____% Other ____%

5. Do you own any other transportation companies? Yes No
If yes provide description of operations and name of entity.

6. Do you follow a documented driver hiring and training program? Yes No
If yes, describe or attach copy. _____

7. How often do you review driver's motor vehicle records? Check all that apply
 Pre-employment Annually Other (describe) _____

8. Do you have a drug and alcohol-testing program? Yes No

9. Do you conduct background checks including reference/criminal history on your drivers? Yes No

10. Are there any active driver(s) who have had their license suspended or revoked within the past three years?
If yes, list. _____

11. How many drivers have been hired in the past twelve months? Replacements _____ New Hires _____

12. How are drivers paid? _____

13. Do you follow a documented vehicle inspection and maintenance program? Yes No
If yes, describe or attach copy. _____

14. Do you perform any repair/service work for others? Yes No
If yes, describe _____

15. Are all buses/vehicles used to transport students' safety yellow or orange? Yes No
If no, describe _____

16. Are all buses/vehicles used to transport students clearly marked as school transportation? Yes No
If no, describe _____
17. Are all buses/vehicles used to transport students equipped with flashing lights, stop arms and blind spot mirrors? Yes No If no, describe _____
18. Are all vehicles equipped with back up alarms? Yes No
If no, describe _____
19. How many office/garaging locations do you own/operate? _____
(List below or attach a list of location addresses)

20. Describe property/vehicle security when parked? (For all locations)

21. Describe your vehicle replacement policy?

22. Do you provide charter transportation services with your buses? (i.e. church and scout groups)
 Yes No If yes, describe.

23. How many buses do you have registered with commercial plates? _____ Seating Capacity? _____
Radius of operation _____
24. Do you cross state lines? Yes No If yes, describe.

25. Do you have Federal Highway Administration operating authority? Yes No
26. Do you require FHWA/State filings? Yes No Check those that apply State Federal
Which States _____
27. Number of vehicles equipped with wheelchair lifts ____ Loading Ramps ____?
28. Numbers of your wheelchair-equipped vehicles have 3-point tie-down ____ 4-point tie-down ____
29. Do all vehicles equipped with wheelchair capability have **both** lap belt and shoulder harness restraint systems?
 Yes No If no, describe. _____
30. Do you allow passengers using walkers to be loaded via a wheelchair lift? Yes No
31. Have all drivers completed a formal passenger assistance program? Yes No
32. Do you have a policy/system making certain that students do not get left on the bus? Yes No
33. How many vehicles do you have that are? 1-8 Passenger ____ 9-15 Passenger ____ 16-40 Passenger ____
41-60 Passenger ____ Over 60 Passengers
34. Do you have an electronic device policy prohibiting usage while driving? (I.E. cell phones, headphones etc.)
 Yes No

35. Do you have a policy/training on how to handle behavior issues on the buses? Yes No
If yes, describe _____
36. Do you utilize any type of video recording devices on your buses? Yes No
If yes, describe _____
37. Do you have an inclement weather driving policy? Yes No
If yes, describe _____
38. Are employee owned vehicles ever used to transport passengers? Yes No
If yes, describe _____
39. Are any buses garaged at drivers residences or at other offsite locations? Yes No
If yes, describe _____
40. How often do you replace your buses? _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. **(Not applicable in MN, OR, or WA)**

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

OREGON: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Dated _____ Dated _____

Agent's Signature

Signature of Applicant
(Must be signed by Named Insured)