MEDICAL TRANSPORTATION FOR HIRE NON-EMERGENCY INSURANCE

This Application is for Zurich Insurance. This Policy is Preferred. You must have at least 2 years of prior insurance and the following is required in order to obtain a firm insurance quote.

**Accord application.** After you have completed the attached application please contact our agency to have an agent complete the Accord application over the phone; **786-293-3637**

**Driver schedule:** Form is attached

**Vehicle schedule:** Form is attached

**Selector forms for the state of FL:** Forms are attached

**Currently Valued Loss Runs:** You must contact either your current agent or the insurance carrier/company writing this policy to request Loss Run Reports for the LAST 3 YEARS, OR THE LAST 2 YEARS IF ONLY INSURED FOR 2 YEARS. We prefer this document by email since the fonts or letters are usually small and hard to read. If you do not have an email address please have them email the Report to **SERVICE@USAINSURANCENET.COM**

**IN ORDER TO RECEIVE AN INSURANCE OFFER YOU MUST RETURN ALL COMPLETED FORMS BY FAX OR EMAIL TO:**

**FAX:** 786-293-3669

**EMAIL:** SERVICE@USAINSURANCENET.COM
This questionnaire is to be completed in conjunction with Acord 137. Complete Acord 126 if General Liability is requested.

Applicant Name: __________________________ Date Completed: __________________________

Effective Date: __________________________ to __________________________ FEIN: __________________________

Business Type: [ ] Individual [ ] Partnership [ ] Corporation [ ] LLC [ ] Other __________________________

Mailing Address: __________________________

(Street, City, State, Zip Code)

Website Address: __________________________ Phone # (including area code): __________________________

Inspection Contact: __________________________ Contact Phone #: __________________________

Attach a list of all garaging locations if different from mailing or complete the following table.

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Coverages

Bodily Injury and Property Damage Limit $_________________ Deductible $_________________

Uninsured/Underinsured Motorists [ ] Statutory Limit [ ] Other $_________________ [ ] UM PD Limit $_________________

Medical Payments Limit $_________________

Personal Injury Protection (PIP) Limit $_________________

Physical Damage [ ] Comp or [ ] SP [ ] Collision Deductible $_________________

Hired Auto [ ] Yes [ ] No Non Owned auto [ ] Yes [ ] No

Audio, Visual and Data Electronic Equipment (CA9960) [ ] Yes [ ] No Limit Per vehicle up to $10,000 $_________________

General Liability [ ] Yes [ ] No

Other __________________________ Limit $_________________ Deductible $_________________

Other __________________________ Limit $_________________ Deductible $_________________

1. How long has current management been in place?

2. Any affiliation with or ownership in another livery company? [ ] Yes [ ] No

   If yes, explain: __________________________

3. Has applicant filed bankruptcy in the past 7 years? [ ] Yes [ ] No

4. Does applicant generate revenue from any other operations? [ ] Yes [ ] No

   If yes, explain: __________________________

5. Does the applicant charge for their services? [ ] Yes [ ] No

   If yes, who pays the fee? __________________________

6. Percent of trips scheduled 24 hours or more in advance: ________%

7. Is applicant contracted with or do they operate as an owner operator for another transportation company? [ ] Yes [ ] No

   If yes, please provide the name of the company: __________________________

8. Percentage of trips of operation in the following radius categories:

   0-50 ________%  101-200 ________%  301-500 ________%

   51-100 ________%  201-300 ________%  501-over ________%
9. List all states in which the applicant operates:

10. Complete for all applicable operations. (Must total 100%)

<table>
<thead>
<tr>
<th>% Airport Transportation</th>
<th>% Farm Labor Transport</th>
<th>% Senior Transportation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Athlete/Entertainer Transportation</td>
<td>% Gambling/Casino Transportation</td>
<td>% Sightseeing Bus</td>
</tr>
<tr>
<td>% Ambulance</td>
<td>% Hotel/Motel Transportation</td>
<td>% Social Service</td>
</tr>
<tr>
<td>% Black Car</td>
<td>% Inter City Bus</td>
<td>% Taxi</td>
</tr>
<tr>
<td>% Charter Bus</td>
<td>% Limousine</td>
<td>% Urban Bus</td>
</tr>
<tr>
<td>% Church Bus</td>
<td>% Non-Emergency Transportation*</td>
<td>% Van Pools</td>
</tr>
<tr>
<td>% Contracted Child Transport</td>
<td>% Parking Shuttle</td>
<td>% Youth Organization</td>
</tr>
<tr>
<td>% Courtesy</td>
<td>% Prisoner/Juvenile Transport</td>
<td>% Other – Details:</td>
</tr>
<tr>
<td>% Day Care</td>
<td>% Railroad Crew Transport</td>
<td></td>
</tr>
<tr>
<td>% Employee Transportation</td>
<td>% School Bus</td>
<td></td>
</tr>
</tbody>
</table>

* Must complete the Non Emergency Transport Section

11. Does applicant allow drivers to wait at sites to solicit unscheduled passengers? □ Yes □ No

12. Do any of the vehicles have the following characteristics?
   a. Wheelchair lifts/spaces □ Yes □ No If yes, complete Non Emergency Medical Transport section
   b. Stretched over 180” □ Yes □ No If yes, please provide the remanufacture information on the schedule.
   c. Hot Tub, 3rd Wheel Axle, Fire Place □ Yes □ No

13. Does applicant lease or loan vehicles to others? □ Yes □ No If yes, Does applicant provide the driver? □ Yes □ No

14. Is there any personal use of scheduled autos? □ Yes □ No If yes, what % is personal use? %

15. Does applicant allow drivers to take autos home? □ Yes □ No
   If questions 14 or 15 are answered yes, are all potential drivers in the household shown on the schedule? □ Yes □ No

16. Do all drivers have 2 or more years experience driving like vehicles? □ Yes □ No

17. Does applicant have a formal safety program? □ Yes □ No If yes, provide details:

18. Does applicant have a formal maintenance program? □ Yes □ No If yes, provide details:

19. Does applicant have Workers’ Compensation Insurance in place? □ Yes □ No Carrier:

20. Does applicant travel to Mexico or Canada? □ Yes □ No If yes, provide details:

21. Historical operating information:

<table>
<thead>
<tr>
<th>Gross Receipts</th>
<th>Owned # Power Units</th>
<th>Owner Operator # Power Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Year</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>1st Year Prior</td>
<td>$</td>
<td></td>
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<tr>
<td>2nd Year Prior</td>
<td>$</td>
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<tr>
<td>3rd Year Prior</td>
<td>$</td>
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</tbody>
</table>

22. Are certificates to airports needed? □ Yes □ No If yes, list airports:

23. Does applicant need any taxi cab companies listed as Additional Insured or cert holders? □ Yes □ No

24. Are any other Additional Insureds and/or certificates of insurance required? □ Yes □ No

If yes, attach a list, Acord 45 or complete the following table.

<table>
<thead>
<tr>
<th>Cert/Al</th>
<th>Name</th>
<th>Address</th>
<th>Relationship</th>
<th>Type</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Auto GL Both</td>
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</table>

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25. Provide currently valued (within the last 3 months) company loss runs for the current year and 3 prior years for all lines of coverage requested. If less than 5 units, applicant may complete the following chart instead of proving loss runs.

<table>
<thead>
<tr>
<th>Policy Term From</th>
<th>To</th>
<th>Coverage (AL, APD, GL or All)</th>
<th>Carrier</th>
<th># of Claims</th>
<th>Total Incurred</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>☐ AL ☐ APD ☐ GL ☐ All</td>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td></td>
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<td>☐ AL ☐ APD ☐ GL ☐ All</td>
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<td>☐ AL ☐ APD ☐ GL ☐ All</td>
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</table>

26. Provide a list of drivers that includes name, date of birth, years experience, driver’s license number, state of issuance and date of hire or complete the following table.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>License Number</th>
<th>State</th>
<th># of years Driving Like Equipment</th>
<th>Date of Hire</th>
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</tbody>
</table>

27. Provide a list of equipment that includes model year, trade name, type, VIN #, seating capacity, insured value, radius, AI/LP and the name of the coach builder on all units stretched over 180” or complete the following table.

<table>
<thead>
<tr>
<th>Model Year</th>
<th>Trade Name</th>
<th>Vehicle Type*</th>
<th>Stretch Length if &gt; 180° Name Of Coach Builder</th>
<th>VIN</th>
<th>Seating Capacity</th>
<th>☐ Stated Value or ☐ OCN</th>
<th>Radius</th>
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<td>AI/LP:</td>
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<td>AI/LP:</td>
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<td>AI/LP:</td>
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<td>$</td>
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</table>

*S=Sedan, SUV=Sport Utility Vehicle, V=Van, ST=Stretched, T=Trolley, B=Bus, LB=Luxury Bus, OC=Overnight Coach, D=Double Decker, O=Other

28. Max number of vehicles stored: Inside _____________ Outside _______________
Hired Auto Liability - Complete only if Hired Auto is requested.

1. Does applicant hire, rent or borrow autos from others?  □ Yes □ No
   a. If yes, Does applicant provide the driver?  □ Yes □ No
   b. If yes, provide the Estimated Cost of Hire:
      Current Year $  
      2nd Prior Year $  
      1st Prior Year $  
      3rd Prior Year $  
   c. Passenger Capacity of autos hired: __________

2. Does applicant arrange for another transportation company to provide “fill in” service for overflow business?  □ Yes □ No
   If yes, Does applicant collect money from the client and pay the other transportation company directly?  □ Yes □ No
   If yes:
      a. Are the revenues included in the Estimated Cost of Hire in Question 1.b. above?  □ Yes □ No
      b. Is there a written contractual agreement?  □ Yes □ No
      c. Are they listed as additional insured on the other company’s policy?  □ Yes □ No
      d. Does applicant get certificates of Insurance?  □ Yes □ No
      e. Under whose authority do they operate?

Hired Auto Physical Damage - Complete only if Hired Auto Physical Damage is requested.

Does applicant rent or use substitute equipment?  □ Yes □ No

Non-Owned Auto - Complete only if Non Owned Auto is requested.

1. Do employees or volunteers ever use their own vehicles in applicants business?  □ Yes □ No

2. If yes, or if non-owned auto coverage is being requested, provide the following:
   a. What types of non-owned autos will be used in the applicants business?
   b. For what purpose will they be used?
   c. Number of non-owned autos used in the applicants business: ______ Daily ______ Weekly ______ Monthly
   d. Are employees or volunteers required to have their own insurance?  □ Yes □ No
   e. If yes, what limits are required? $ __________

General Liability - Complete only if General Liability is requested.

**Coverage** | **Limit**
---|---
General Aggregate | $ __________  
Each Occurrence | $ __________
Personal & Advertising Injury | $ __________  
Products & Completed Operations | $ __________
Damage to Rented Premises (each occurrence) | $ __________  
Medical Expense(any one person) | $ __________
Employee Benefits | $ __________ # of employees __________  
Stop Gap Liability | $ __________

<table>
<thead>
<tr>
<th>LOC</th>
<th>Classification</th>
<th>Class Code</th>
<th>Exposure</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

1. Does applicant operate from a personal residence?  □ Yes □ No
2. Does applicant provide maintenance on any non-owned units?  □ Yes □ No  If Yes , provide details:
Filings - Complete only if filings are required.
1. Does applicant own or operate any equipment not listed on the vehicle schedule?  □ Yes  □ No
2. Provide name and address under which filing should be issued: ________________________________

<table>
<thead>
<tr>
<th>Check all that apply:</th>
<th>Federal □</th>
<th>State □</th>
<th>Other □</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICC MC/DOT #:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State #:</td>
<td></td>
<td>State:</td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
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</tr>
</tbody>
</table>

Non-Emergency Medical Transport – Complete only if applicable
1. Are any of the vehicles equipped with lights or sirens? □ Yes  □ No
2. Is applicant affiliated with or do they have contracts with schools □ Yes  □ No
   If yes, provide details: ________________________________

3. Do all drivers have 2 or more years experience transporting elderly or special needs passengers? □ Yes  □ No
4. Are any passengers transported by gurney or stretcher? □ Yes  □ No
5. Are there written procedures in place for loading and unloading of passengers? □ Yes  □ No
6. Describe applicant’s training efforts for operations of lifts, wheelchair securement, passenger assistance and First aid: ________________________________

7. If applicant has vehicles with wheelchair lifts/spaces, please provide the vehicle numbers from the schedule: _____________________________
YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

FLORIDA
UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM
AND ANNUAL OPTIONS NOTICE

Business/Applicant Name:

Address

IF YOU ARE A NEW CUSTOMER OR APPLICANT, Florida law requires that automobile liability policies be issued with automatic Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely. If any named insured on the automobile liability policy is designated as an individual, your automatic Uninsured Motorists Coverage will also be in the form of Stacked* coverage, unless you elect otherwise on this form. For a non-individual named insured operating as a legal entity, your policy will include Non-Stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

IF YOU ARE A CURRENT POLICYHOLDER, the Uninsured Motorists Coverage rejection or limits of your policy, including the Stacked* or Non-Stacked form of coverage, will continue to apply unless you make a different election below. If you change your policy's liability coverage limits for Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage, your Uninsured Motorists Coverage limits will equal the new liability coverage limit(s) and if any named insured on the automobile liability policy is designated as an individual in the policy Declaration(s), your Uninsured Motorists Coverage will also be in the form of Stacked* coverage, unless you elect otherwise on this form. For a non-individual named insured operating as a legal entity, your policy will include Non-Stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

Florida law requires that we provide you notice of your Uninsured Motorists Coverage options at least annually. Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Non-Stacked is a limited type of Uninsured Motorists Coverage. Subject to the provisions of the policy, if injury occurs in a covered vehicle owned or leased by you (or any family member who resides with you), under the Non-Stacked type of coverage only the limits of coverage (if any) which apply to that vehicle are available under this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorists Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you. For a named insured designated as an individual, Non-Stacked Uninsured Motorists Coverage is available at a reduced rate when compared to the Stacked* form of coverage. For a non-individual named insured operating as a legal entity, your policy will include Non-Stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

*Stacking of Uninsured Motorists Coverage is not available to a non-individual named insured operating as a legal entity.
If you do not elect to purchase the Non-Stacked form or you do not reject Uninsured Motorists Coverage entirely, and a named insured on the automobile liability policy is designated as an individual, your Uninsured Motorists Coverage limit(s) for each motor vehicle are added together (Stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

Please mark your coverage selection/rejection or changes below, sign and return this form.

O I hereby reject Uninsured Motorists Coverage, Stacked* and Non-Stacked, on behalf of myself and all insureds under my policy.

O I hereby select Non-Stacked Uninsured Motorists Coverage at the same limits as my policy's Bodily Injury Liability Coverage (split limits) or my Combined Single Limit for Liability Coverage.

O I hereby select Stacked• Uninsured Motorists Coverage at the same limits as my policy's Bodily Injury Liability Coverage (split limits) or my Combined Single Limit for Liability Coverage. [Note: If you select this option, then please disregard the capitalized statement in bold at the beginning of this form.]

O I hereby select Stacked• Uninsured Motorists Coverage at limits lower than my policy's Bodily Injury Liability Coverage (split limits) or my Combined Single Limit for Liability Coverage. (Specify limits)

D $20,000 each accident       D $350,000 each accident
D $50,000 each accident       D $500,000 each accident
D $100,000 each accident      D $750,000 each accident
D $250,000 each accident      D $1,000,000 each accident
D $300,000 each accident      D $________________ (Fill-in for other available limits.
                              Please contact your agent or broker for available options.)

O I hereby select Non-Stacked Uninsured Motorists Coverage at limits lower than my policy's Bodily Injury Liability Coverage (split limits) or my Combined Single Limit for Liability Coverage. (Specify limits)

D $20,000 each accident       D $350,000 each accident
D $50,000 each accident       D $500,000 each accident
D $100,000 each accident      D $750,000 each accident
D $250,000 each accident      D $1,000,000 each accident
D $300,000 each accident      D $________________ (Fill-in for other available limits.
                              Please contact your agent or broker for available options.)

I understand and agree that selection of any of the above options applies to my automobile liability insurance policy and future renewals or replacements of such policy which are issued at the same liability limits for Bodily Injury Liability or Combined Single Limit for Liability Coverage, and if I decide to select another option at some future time, I must let the Company or my agent know IN WRITING.

X
Signature of Named Insured

Date

*Stacking of Uninsured Motorists Coverage is not available to a non-individual named insured operating as a legal entity.
PERSONAL INJURY PROTECTION (PIP) COVERAGE

The Florida Motor Vehicle No-Fault law requires that your policy provide Personal Injury Protection coverage. We will pay benefits in accordance with the law to or for an insured who sustains bodily injury in an accident arising out of the ownership, maintenance or use of a motor vehicle subject to limits and exclusions in the policy. The requirement to provide this coverage does not apply to: mobilehome or any motor vehicle which is used in mass transit, other than public school transportation and designed to transport more than five passengers exclusive of the operator of the motor vehicle and which is owned by a municipality, a transit authority or a political subdivision of the state.

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity (“lost wages”). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

With this knowledge, I hereby select to purchase Personal Injury Protection coverage with the following limitations and/or deductible by checking the appropriate box below:

0 Personal Injury Protection - Exclusion of Work Loss
   0 Work loss for Named Insured does not apply.
   0 Work loss for Named Insured and dependent family member does not apply.

0 Personal Injury Protection Deductible of:
   0 $250     0 $500     0 $1,000

   applies to:
   0 The Named Insured only.
   0 The Named Insured and each dependent family member.

I have read this offer form carefully and I have indicated my Personal Injury Protection Coverage selections above.

X
Signature of Named Insured

Date
<table>
<thead>
<tr>
<th>DRIVER NAME</th>
<th>DOB</th>
<th>LICENSE #</th>
<th>CLASS TYPE</th>
<th>EXPERIENCE</th>
<th>DATE EMPL</th>
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Applicant's Signature X______________________ Date ____________
<table>
<thead>
<tr>
<th>UNIT #</th>
<th>YEAR</th>
<th>MAKE</th>
<th>VEH. ID. NUMBER</th>
<th>PASSENGERS</th>
<th>TYPE</th>
<th>$ STATED AMOUNT</th>
<th>GARAGING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2010</td>
<td>FORD</td>
<td>1GDF3288LKMWER33</td>
<td>15</td>
<td>VAN</td>
<td>25,000</td>
<td>5678 BLUE BIRD TRAIL OCALA, FL 33589</td>
</tr>
</tbody>
</table>

**EXAMPLE BELOW**