

# Private Bus Supplement



Name of Applicant/Insured:	Policy Number:	Effective Date:
Broker Name & Number:		In Business Since:

## GENERAL INFORMATION

What is the Applicant/Insured main operation?

How many years of experience does the Applicant/Insured have transporting passengers?

What type of trips are made with these automobiles (appointments, errands, shopping etc.)?

Are the automobiles used for purposes other than transporting passengers?

Are there any other policies for the Applicant/Insured with Intact?

☐ Yes ☐ No

If "Yes", provide the policy number(s):

## RADIUS OF OPERATION

Auto No.	One Way Distance				US Radius Percentage	Destinations List Cities, Provinces & States	Passenger Seating Capacity (excluding driver)
	Normal Radius	%	Maximum Radius	%			

## DRIVER INFORMATION

Driver Name	License Number	License Class	License Province	Years of Experience transporting Passengers	Training

Do drivers get compensated for transport (directly or indirectly)?

☐ Yes ☐ No

If "Yes", provide details:

AUTOMOBILE INFORMATION	
<p>Do these automobiles offer charter services or other special services? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", please provide details of these services including number of trips per month:</p>	
<p>Do any of the automobiles travel to the airport to pick up or drop off passengers? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", please provide details (which automobile, which airport and how often):</p>	
<p>Have any of the automobiles been modified to have seats removed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", provide details (how many seats have been removed, how many seats are remaining):</p> <p> </p> <p>If "Yes", have the Ministry of Transportation requirements been met (applicable in Ontario only)?</p>	
<p>Do any of the automobiles require a Public Vehicle Operating License (PVOL) or Operating Authority Certificate? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", confirm which automobile?</p>	
<p>Does the applicant/ Insured have a scheduled maintenance program for the automobiles? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Is the maintenance performed by qualified mechanics? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Are written records kept for routine checks, repairs, and major overhauls? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Application for a Standard Automobile Policy. Consent and disclosure provided within the corresponding Application for Automobile Insurance Owner's Form extends to this Supplementary Form, and the applicant acknowledges that the Application for Automobile Insurance Owner's Form is based on the truth of the information provided herein.

Signature of Applicant/Insured:	Date:
Signature of Broker:	Date: