



PUBLIC TRANSPORTATION
GENERAL LIABILITY APPLICATION SUPPLEMENT

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.

Table with 3 columns: Date, Amount, Description of Loss (Use separate sheet if necessary)

LIMITS

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

LOCATION INFORMATION

Table with 5 columns: Location #, Location Description, Location Type*, ISO Territory, Area Square Feet. Includes a TOTAL row and a legend: * OF = Office GA = Garage OT = Other

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:
a. Storage of goods of others (warehousing)
b. Repair of vehicles of others
c. Storage of vehicles of others
d. Space leased to others
e. Sale of fuel or other products
f. Providing alcoholic beverages for clients
g. Any sporting or social events sponsored
h. Any other business operations

Explain all YES answers.