**Bus Supplemental Application**

**Broker:** **Broker No.:** **Producer:** **Applicant / Named Insured**:

**Policy Number:**

**APPLICANT**

1. What is applicant’s main operation?

2. How many years of experience does applicant have transporting passengers?

3. What types of trips are made with vehicles, e.g. appointments, shopping etc.?

4. Are vehicles used for purposes other than transporting passengers?

5. Are there any other policies for applicant with Intact? If answer is yes provide policy number:

**VEHICLE**

1. **Travel and Radius of Operation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Auto No | One Way Distance (KMS) | % of Total Trips | US Radius Percentage | Destinations (Municipality, City, Province & States) | Passenger Seating Capacity (excluding driver) |
| Normal Radius (i) | Maximum Radius (ii) | (i) | (ii) |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

2. Do these vehicles offer any charter services or other special services? Yes [ ]  No [ ]

* If yes please provide details of these services:

3. Do any of the vehicles travel to the airport to pick up or drop off passengers? Yes [ ]  No [ ]

* If yes please provide details (which vehicle, which airport and how often):

4. Have any of the vehicles been modified to have seats removed? Yes [ ]  No [ ]

* If yes, please advise details (how many seats removed, how many seats remaining etc.):

* If yes, have MTO requirements been met (if applicable)?

5. Do any of the vehicles require a Public Vehicle Operating License (PVOL) to operate? Yes [ ]  No [ ]

* If yes, please specify which vehicle?

6. Does insured have a scheduled maintenance program for vehicles? Yes [ ]  No [ ]

* Is the maintenance performed by Qualified Mechanics? Yes [ ]  No [ ]

7. Are written records kept for routine checks, repairs and major overhauls? Yes [ ]  No [ ]

**DRIVERS**

1. List drivers and their experience in the section below (please use additional sheet if you require additional spaces):

|  |  |  |  |
| --- | --- | --- | --- |
| Driver’s Name | Licence Class  | Years of Experience Transporting Passengers | Training |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

2. Do drivers get compensated for transport in any way (direct or indirect)? Yes [ ]  No [ ]

* If yes, please provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Broker/Agent Signature Date

V1.1-20220706