	Applicant Name:	
	Agent Name:	
1.	Please describe your transportation operation:	

2. For each of the following categories, indicate the percentage of usage and the number of units used for each class:

Vehicle Category	Usage Description	Percentage of Use	Number of Units
Charter Bus	An automobile chartered for special trips, touring, picnics, outings, games and similar uses.	%	
Bus Not Otherwise Classified	This classification includes, but is not limited to automobiles such as shuttle buses, courtesy buses run by hotels, and buses that operate city to city or point to point and is not to a transportation facility, on a regularly scheduled basis.	%	
Inter-City Bus	An automobile that picks up and transports passengers on a published schedule of stops between stations located in two or more towns or cities.	%	
School Bus	An automobile that carries students or other persons to and from school, or in any school activity including games, outings and similar school trips. This includes vehicles owned by or contracted with a school or school district.	%	
Sightseeing Bus	An automobile accepting individual passengers for a fare for sightseeing or guided tours, making occasional stops at certain points of interest and returning the passengers to the point of origin.	%	
Airport Bus or Limousine (Shuttle)	An automobile for hire that transports passengers between airports and other passenger stations, or motels.	%	
Urban Bus (Transit)	An automobile that picks up, transports and discharges passengers at frequent local stops along a prescribed route and operated principally within the limits of a city or town, and communities contiguous to such city or town, and includes scheduled express service between points on that route.	%	
Social Service Agency Automobile	An automobile used by a government entity, civic, charitable or social service organization to provide transportation to clients incidental to the social services sponsored by the organization, including special trips and outings.	%	
Church Bus	An automobile used by a church to transport persons to or from services and other church related activities.	%	
Transportation of Athletes & Entertainers	An automobile owned by a group, firm or organization that transports its own professional athletes, musicians or other entertainers.	%	
Van Pools	An automobile used to provide prearranged commuter transportation for employees to and from work and is not otherwise used to transport passengers for a charge.	%	

Note: Vehicles being used as Taxi Cabs, Car Service, Ride Share or Limousines with a seating capacity of 8 or less must be written in CAR's Taxi/Limo Program.

	Applicant Name:
	Agent Name:
	Based on your answers(s) on the prior chart, please answer the questions below that apply:
3.	Are filings required of any government or public agency (i.e. DOT or DPU)?
	If yes, please provide a list of agency names, your ID number (i.e. MC or DOT) & required liability limit:
4.	What is the principal place of garaging of your vehicles when not on the road? Note that this address may be outside of Massachusetts:
5.	If different from the principal place of garaging, list the address from where your trips emanate?
6.	Do you travel outside of the United States? N - If Yes, to where?
7.	Charter/Tour Operation - List your six most frequent destinations (City/Town & State):
	1 2 3
	4 5 6
8.	Inter-City Operation or Line Run - List the starting and ending location for your three most frequent runs (City/Town & State):
	Start End
	Start End
	Start Fnd

		ent Name:	
saial Comico Auto*. I	_		
Cial Service Auto : L	IST THE 6 locations (City/Town & Sta	te) that you travel to or through mo	st frequently · · :
1	2	3	
4	5	6	
ghtseeing & Urban b	us: List the 6 locations (City/Town &	& State) that you travel to or through	ı most frequently
1	2	3	
4	5	6	
•	School Bus: Provide contracts with together the services. Please li	the Transportation Hub(s), Hotel(s) on the state of the s	or School District

<sup>\*</sup>Note that independent contractors must provide a current executed contract with a social service agency (i.e. MART, GATRA, etc.). Failure to do so may result in a premium increase or cancellation of the insurance policy.

<sup>\*\*</sup>Note that the past 3 months of trips logs supporting this information must be provided. Failure to do so may result in a premium increase.

	Applicant Name: Agent Name:	
By signing below, I hereby certify that all information pro	vided herein is true and accurate.	
Signature of Applicant's Authorized Representative: Date:		_
Printed Name of Applicant's Authorized Representative:  Title:		_
		-
Witness to the Signator and Signing above:		
Signature of Producer:  Printed Name of Producer:		
Agency Name:		