

PUBLIC TRANSPORTATION GENERAL LIABILITY APPLICATION SUPPLEMENT

This application must be attached to the Public Transportation Application.

Submission/Policy Number:

Proposed Effective Dates: FROM:

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.

Date	Amount		Description of	of Loss	(Use separate sheet if necessa	ry)	
LIMITS							
General Aggregate			\$	Each Oo	currence	\$	
Products-Completed Operations Aggregate			\$ 	Damage	to Premises Rented to You	\$	100,000
Personal & Advertising Injury			\$ 	Medical	Expense (any one person)	\$	5,000

LOCATION INFORMATION

Location #	Location Description	Location Type*	ISO Territory	Area Square Feet
1				
2				
З				
4				
5				
* OF =	Office GA = Garage OT = Other		TOTAL	

UNDERWRITING INFORMATION

1.	Fully describe the insured's operation							
2.	Describe drop-off procedures and rules.							
			□Yes	□ No				
З.	Do	es the insured engage in:	Yes	Νο				
	a.	Storage of goods of others (warehousing)						
	b.	Repair of vehicles of others						
	с.	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						
Εx	olain	all YES answers.						
	o an							