

Bus Supplemental Application

Applicant / Named Insured: _____ **Broker:** _____ **Broker No.:** _____
Producer: _____ **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? Yes No
 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 Name _____	Title/Position _____
Applicant Signature _____	Date (dd/mm/yy) _____
Broker Name _____	
Broker Signature _____	