



Community & Medical Transportation (CMT)

3250 Interstate Drive

Richfield, OH 44286

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CMT NEW BUSINESS TAXI SUPPLEMENTAL QUESTIONNAIRE
(To be used in conjunction with FULLY completed ACORD applications)

Name of Insured: \_\_\_\_\_

GENERAL INFORMATION

Number of Years: In Business: \_\_\_\_\_ Current Ownership: \_\_\_\_\_ Current Management in Place: \_\_\_\_\_
Does the insured have a website [ ] Yes [ ] No. If yes, what is the address? \_\_\_\_\_
Have you ever operated under a different name: [ ] Yes [ ] No. If "Yes", what name: \_\_\_\_\_
Does insured have filings [ ] Yes [ ] No DOT # \_\_\_\_\_ MC # \_\_\_\_\_ PUC # \_\_\_\_\_
Exact Name on Filing: \_\_\_\_\_
Insured's annual transportation revenue: \_\_\_\_\_ Insured's annual mileage: \_\_\_\_\_
Names and descriptions of ALL operations and entities under common ownership (whether or not to be insured under the above named insured): \_\_\_\_\_

HISTORICAL VEHICLE DATA (MUST BE PROVIDED)

Table with 5 columns: Vehicles By Seating Capacity, 1-8 Passengers, 9-20 Passengers, >20 Passengers, PPT/Service. Rows include Proposed Year, Current Year, Prior Year, First Prior Year, Second Prior Year, Third Prior Year.

Expiring Premiums: Liability: \_\_\_\_\_ # Units: \_\_\_\_\_ Physical Damage: \_\_\_\_\_ # Units: \_\_\_\_\_

OPERATIONS:

Operating Time: Operating Hours/Day: \_\_\_\_\_ Operating Days/Week: \_\_\_\_\_

Fare Breakdown (indicate %): Scheduled 24 hours in advance: \_\_\_\_\_%
Dispatched on demand: \_\_\_\_\_%
Hailed from street: \_\_\_\_\_%
Airport trips: \_\_\_\_\_% Airport Name(s): \_\_\_\_\_
Courier/Delivery: \_\_\_\_\_%

Is driver compensation based on: [ ] Trip % OR [ ] Hourly
For vehicles equipped with meters, are they used to charge the appropriate fare by: [ ] Time OR [ ] Distance
Describe driver dispatching and/or scheduling procedures: \_\_\_\_\_

Do you share dispatch services with other companies (y/n)?: \_\_\_\_\_ with whom? \_\_\_\_\_
Does the company have any contracts to provide transportation for railroad employees? [ ] Yes [ ] No.
Are company vehicles in service for more than one shift per day? [ ] Yes [ ] No.
Does the insured subcontract FOR others? [ ] Yes [ ] No. If yes, provide copies of contracts.
Do you have any related subsidiaries (parcel delivery, ambulette/paratransit, shuttle) [ ] Yes [ ] No
If "Yes", please list and describe: \_\_\_\_\_

Are all vehicles solely owned by and registered to the applicant?  Yes  No  
 Will only those vehicles where the named insured owns the permits/medallions be insured?  Yes  No  
 Are all vehicles operated under Applicant's insurance on the vehicle schedule?  Yes  No  
 Are drivers assigned specific vehicles?  Yes  No  
 Are passengers required to use a seatbelt?  Yes  No

In what cities does insured provide transportation?

| City | % of Trips | City | % of Trips |
|------|------------|------|------------|
|      |            |      |            |
|      |            |      |            |
|      |            |      |            |
|      |            |      |            |

**SAFETY & CLAIMS MANAGEMENT**

Name and title of the person responsible for safety & claims management: \_\_\_\_\_  
 Email address of safety & claims contact person: \_\_\_\_\_  
 Describe his/her duties: \_\_\_\_\_

Describe the insured's accident review program: \_\_\_\_\_  
 \_\_\_\_\_

Are cameras or accident event recorders (AER's) installed in vehicles for the purpose of driver behavior modification and/or accident analysis and evaluation? When were the cameras/AER's implemented? How many units? What vendor/technology? Are you using a managed service program? \_\_\_\_\_  
 \_\_\_\_\_

Does the insured hold safety meetings:  Yes  No  
 How often are they held: \_\_\_\_\_  
 Is attendance mandatory:  Yes  No

**VEHICLE MAINTENANCE:**

Describe the insured's preventive maintenance program: \_\_\_\_\_  
 \_\_\_\_\_

Does the insured have the following:

Documentation of Repairs:  Yes  No      Pre-Trip Inspections:  Yes  No  
 Post-Trip Inspections:  Yes  No      Driver Trouble Reports:  Yes  No  
 Periodic In-depth Inspections:  Yes  No

What is the insured's vehicle replacement policy? \_\_\_\_\_  
 Where are vehicles stored after hours? What security is provided? \_\_\_\_\_  
 If vehicles are stored at driver's homes, what provisions are made for vehicle security? \_\_\_\_\_

What is the maximum value of vehicles stored at each location?

|         | Location #1 | Location #2 | Location #3 |
|---------|-------------|-------------|-------------|
| Inside  |             |             |             |
| Outside |             |             |             |

**WHEELCHAIR INFORMATION** (Complete only if Applicant has vehicles equipped with wheelchair lifts or ramps)

Number of vehicles equipped with:  
 Lifts: Buses \_\_\_\_\_ Mini-Van/Buses: \_\_\_\_\_ Vans \_\_\_\_\_ Manufacturer \_\_\_\_\_  
 Ramps: Buses \_\_\_\_\_ Mini-Van/Buses: \_\_\_\_\_ Vans \_\_\_\_\_ Manufacturer \_\_\_\_\_  
 Is all equipment factory installed during vehicle construction?  Yes  No

Number of vehicles equipped with passenger restraint system:

Buses: \_\_\_\_\_ Mini-Van/Buses: \_\_\_\_\_ Vans: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Is the system a "4-point tie down and forward facing" design?  Yes  No

If yes, are shoulder belts retractable or non-retractable? \_\_\_\_\_

Is floor securement of wheels accomplished with fixed locations or moveable attachments, i.e. tracks? \_\_\_\_\_

Do all lifts/ramps/securement areas comply with ADA accessibility requirements, including?  Yes  No

What types of wheel chairs that can be accommodated by your vehicles (check all that apply):

- |                       |                          |                      |                          |
|-----------------------|--------------------------|----------------------|--------------------------|
| heavy duty industrial | <input type="checkbox"/> | reclining/tilting    | <input type="checkbox"/> |
| lightweight           | <input type="checkbox"/> | motorized            | <input type="checkbox"/> |
| portable              | <input type="checkbox"/> | tri-wheeler/ scooter | <input type="checkbox"/> |
| youth/child stroller  | <input type="checkbox"/> | other                | _____                    |

Are passengers in tri-wheelers required to transfer to a wheelchair or a permanent seat after loading?  Yes  No

Are wheelchair passengers ever permitted to ride in the vehicle in other than the designated securement locations?  Yes  No

Are ALL persons involved in wheelchair transportation instructed in the proper use of securement equipment for all types of wheelchairs.  Yes  No

Describe procedures followed if wheelchair is not standard: \_\_\_\_\_

**EMPLOYEES**

Number of Employees:

Full time drivers: \_\_\_\_\_ Vehicle maintenance: \_\_\_\_\_

Regular part time drivers: \_\_\_\_\_ Dispatchers: \_\_\_\_\_

Back-up drivers: \_\_\_\_\_ Administrative: \_\_\_\_\_

Volunteer drivers: \_\_\_\_\_

Other (number and description of duties): \_\_\_\_\_

Average annual driver turnover (%): \_\_\_\_\_

Describe driver hiring procedures: \_\_\_\_\_

Are MVR's ordered prior to hiring:  Yes  No. What criteria is used for acceptability: \_\_\_\_\_

How often does the insured review MVR's: \_\_\_\_\_

Are MVR's ordered and reviewed on ALL drivers at least annually:  Yes  No

Describe driver orientation program: \_\_\_\_\_

What **percentages** of drivers are trained in the following?

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| General Driver Orientation: _____   | Cardiopulmonary resuscitation: _____  |
| Defensive Driving Course: _____     | Passenger Assistance Training: _____  |
| Primary First Aid: _____            | Human Relations Skills: _____         |
| Advanced First Aid: _____           | Non-Medical Emergency Training: _____ |
| Emergency Vehicle Evacuation: _____ | Other (specify): _____                |

If volunteer drivers, are they subject to the same hiring guidelines and training as regular drivers:  Yes  No.

Comments: \_\_\_\_\_

Are employment applications required:  Yes  No. Comments: \_\_\_\_\_

Are previous employment references checked:  Yes  No. Comments: \_\_\_\_\_

Are pre-employment physicals performed:  Yes  No. Comments: \_\_\_\_\_

Are drug tests performed:  Yes  No. If yes, frequency: \_\_\_\_\_

Are criminal background checks performed on **all** drivers?  Yes  No. If yes, describe criteria used to determine acceptability: \_\_\_\_\_

Are back-up drivers required to follow the same hiring, MVR and training criteria as regular drivers:  Yes  No.

Are driver files kept:  Yes  No

Is there an employee manual:  Yes  No.

