



Mt. Hawley – E&S Transportation Wheelchair Passenger Transport Supplemental

Attach pictures of vehicle ramps, lifts, and passenger restraint system.

1. Full Named Insured: _____
2. Address: _____
3. Effective Date: _____

General:

1. Total number of estimated annual wheelchair passengers _____
2. Number of units with the following equipment:

Wheelchair Lifts		Ramps	
Buses:		Buses:	
Vans:		Vans:	
Manufacturer:		Manufacturer:	

3. Were all lifts/ramps factory installing during vehicle's manufacture? Yes No N/A
 If no, please provide the following information regarding the equipment installation company:
 - a. Name: _____
 - b. Contact person and phone number: _____
 - c. Number of units and month/year of installation? _____
 - d. Do all lifts/ramps comply with ADA accessibility requirements, including but not limited to dimensions, door height, clearance, edge barrier, weight support, handrails for lifts and slope for ramps? Yes No N/A
4. How often are lifts and ramps inspected? Provide details surrounding the company that inspects the units and their qualifications:

Passenger Restraint System:

1. Number of vehicles equipped with system
 - a. Buses: _____
 - b. Vans: _____
 - c. Manufacturer: _____
2. Is the system a "4-point tie-down and forward facing" design? Yes No N/A
 If yes, are shoulder belts retractable or non-retractable? Yes No N/A
3. Is floor securement of wheels accomplished with fixed locations or movable attachments/tracks? Yes No N/A
4. Do securement areas comply with all ADA accessibility requirements, including but not limited to clear floor space, movement when mobility device is secured, clearance from entrance to securement area, at least on forward-facing area? Yes No N/A
5. Types of wheelchairs that your vehicles accommodate (check all that apply):
 Heavy Duty Industrial Lightweight Portable Youth/Child Stroller Reclining/Tilting
 Motorized Tri-wheeler/Scooter Other (describe): _____
6. Are all passengers in tri-wheelers required to transfer to a wheelchair or permanent seat after they board? Yes No N/A
7. Are wheelchair passengers ever permitted to ride in the vehicle other than in the designated securement locations? Yes No N/A

Driver Training (regarding wheelchair lifts, ramps, and securement): *(Please provide copies of all training materials.)*

1. Describe who trains the drivers and what their qualifications are: _____

2. Provide a high-level summary of the training including key areas addressed, how long the training is, and how often training is conducted: _____

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____

By _____ For _____
Name Title
(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA, OKLAHOMA

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (Florida only)

KENTUCKY, PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may (Maine only) include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY, NEW MEXICO

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.