



Community & Medical Transportation (CMT)

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Richfield, Ohio 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)

Vehicles By Seating Capacity:	1-8 Passengers	9-20 Passengers	>20 Passengers	PPT/Service
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 | [] | reclining/tilting | [] |
| lightweight | [] | motorized | [] |
| portable | [] | tri-wheeler/ scooter | [] |
| youth/child stroller | [] | 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: _____

