

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**TRANSPORTATION SERVICES PROGRAM SUPPLEMENTAL APPLICATION**  
 (Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Type of transportation service provided:**  Taxi  Limo  Other

If other, describe nature of operation: \_\_\_\_\_  
 \_\_\_\_\_

**2. Sexual and/or Physical Abuse Coverage Limits:**  \$25,000 Per Claim/\$ 50,000 Aggregate  
 \$50,000 Per Claim/\$100,000 Aggregate  
 None

**3. Number of vehicles per type (owned or leased/rented):**

Type	Passenger Car	Limo	Van	Bus	Pedicab	Other
Number						

If other, describe: \_\_\_\_\_  
 \_\_\_\_\_

**4. Does any vehicle have capacity in excess of fifteen (15) passengers?** .....  Yes  No

If yes, advise type of vehicle and number of passenger seats: \_\_\_\_\_  
 \_\_\_\_\_

**5. Is there an established vehicle maintenance program?**.....  Yes  No

**6. Radius of operation (in miles):**..... \_\_\_\_\_

**7. Does applicant have an ICC or PUC filing?** .....  Yes  No

**8. Are state or local business licenses required?** .....  Yes  No

**9. Are background checks or investigations performed and MVRs obtained as part of the pre-employment criteria?** .....  Yes  No



10. Does applicant have common ownership with, contracts with or provides services for an assisted living, convalescent or nursing home facility? .....  Yes  No
11. Does applicant subcontract any operations? .....  Yes  No  
 If yes:  
 a. Description of operations subcontracted: \_\_\_\_\_  
 \_\_\_\_\_  
 b. Annual cost of subcontracted work: ..... \$ \_\_\_\_\_  
 c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? ....  Yes  No  
 If yes, minimum General Liability limits required:..... \$ \_\_\_\_\_  
 d. Are certificates of insurance required from all subcontractors? .....  Yes  No  
 e. Is applicant included as additional insured on all subcontractors' policies? .....  Yes  No  
 f. Do written contracts contain hold-harmless agreements in favor of the applicant? .....  Yes  No  
 If no, explain when not required: \_\_\_\_\_  
 \_\_\_\_\_
12. Is liquor served or provided by applicant or subcontractor? .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
13. Does applicant provide or plan to provide any of the following services?
- Air transportation services? .....  Yes  No  
 Ambulance/Emergency transportation services? .....  Yes  No  
 Cadaver (corpse) transport?.....  Yes  No  
 Carriage rides? .....  Yes  No  
 City buses? .....  Yes  No  
 Drivers provided for customers' vehicles? .....  Yes  No  
 Emergency medical treatment? .....  Yes  No  
 Funeral transportation services? .....  Yes  No  
 Jeep Tours? .....  Yes  No  
 Motorhomes? .....  Yes  No  
 Party buses? .....  Yes  No  
 Pedal buses (people powered)? .....  Yes  No  
 Pedicabs? .....  Yes  No  
 If yes, are pedicabs used on public streets in metropolitan areas? .....  Yes  No  
 Prisoner transportation services? .....  Yes  No  
 Pub crawls (pedal bus or motorized)? .....  Yes  No  
 Railroad transportation services? .....  Yes  No  
 Recreational vehicles?.....  Yes  No  
 Ride sharing services (i.e., Uber and Lyft)? .....  Yes  No  
 School buses? .....  Yes  No  
 Tour/Sightseeing agencies? .....  Yes  No  
 Transportation of goods or commodities? .....  Yes  No  
 Water transportation services? .....  Yes  No
14. Does applicant offer marijuana/cannabis tours in the state of AK, CO, OR and/or WA? .....  Yes  No

15. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

16. Does applicant have any other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
\_\_\_\_\_

**17. Automobile Policy Information (include copy of vehicle schedule):**

Policy Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Limits of Liability: ..... \$ \_\_\_\_\_

Expiration Date: ..... \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



**NOTICE TO MAINE APPLICANTS:** 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 include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.