



P. O. Box 30527
Phoenix, Arizona 85046
(602) 494-6900 (800) 228-1710
FAX (602) 494-6999

PUBLIC AUTO QUESTIONNAIRE

SUPPLEMENTAL INFORMATION FOR PUBLIC TRANSPORTATION

INSURED: _____

POLICY NO. _____

1. Define fully the insured's operation:

2. How is the vehicle registered?

3. How do they get fares?
Are they on a prearranged basis?

4. Do they pick up any unscheduled passengers, street business or flag?

5. Do they operate on a regular route or drop off points?

6. Does the vehicle have any markings or magnetic signs attached?

7. Is there a meter, money drop or fare box?

8. Is there is taxi light or "for hire" light or top hat?

9. Any wheelchair lifts or ramps?

**WE MUST HAVE THIS FORM COMPLETED ALONG
WITH A PHOTO OF THE VEHICLE.**

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

DATE