



Program Manager:

Email Application: EKelley@rsi-ins.com , Ext 177 Beth Kelley

Pacific Shore Insurance Services, Inc.

2801 Bristol Street, Suite 200 Costa Mesa, CA 92626

CA License #0B97973

T: 714-427-5989 F: 714-427-5987

Proposed Effective Date: _____ Email: _____

Applicant's Name: _____

Address: _____

T: _____ F: _____ Website: www. _____

Are you currently a member of CTAA? Yes No

Business Operations:

Is applicant involved in any operation other than non-emergency transportation? Yes No

Does your business require specific filings? Yes No If yes, permit # _____

What are the primary sources of your clientele? _____

List all cities/territories where you provide service: _____

What are the minimum & maximum ages of employees hired as drivers? _____

Do you run MVR's on a regular basis? Yes No How often? _____

Do you have a safety incentive program? Yes No If yes, please attach copy

Describe how drivers are trained: _____

Do you have a training manual? Yes No If yes, please attach copy

Is there any transportation provided for non-medical purposes? (i.e. nursing homes, courtesy van, vanpool):

Yes No If yes, please attach copy

How do you keep incident reports after an accident or injury? Yes No If yes, please attach copy

Hours of operations: _____

How long have you been in business: _____ Do you currently have insurance? Yes No

Do you provide curb to curb? Yes No Door to Door? Yes No

Vehicle Count:

Service Vehicles: _____ Private Passenger Vans 1-8 Seating: _____

Chassis 9-25: _____ Coach 26+ _____ Trolleys: _____

Average number of annual miles driven per vehicle? _____

Is there a vehicle maintenance program in place? Yes No If yes, please attach details

Any employee vehicles used for transportation of passengers? Yes No

Are independent contractors used for transportation of passengers? Yes No

ATTACHMENTS Needed for Quote:

- 5 years of current valued loss runs for all policies
- Vehicle List: Year, Make, Model, Full Vin#, Seating Capacity, if vehicle has ramp/lift, value of vehicle
- Value of vehicle with loss payee name and full address
- Driver Schedule: Full Name, Drivers License # and Date of Birth
- Copy of current policy, Declaration Page

Signature / Title

Date