BUS CONTRACTOR WORKSHEET

Named Insured: _____

City/State: _____

Effective Date: _____ Policy Limit: _____

Underwriter: _____

Description of operations:
(Include Description of Driver Safety Program, Maintenance Procedures) _____
Cities and School Districts Served:

_____

Subject to lay-up credit for nonuse during summer?
If not, describe use: _____
Any Charter Bus operations? Radius
Describe: (Include charter routes and frequency) _____ _____

School Buses	**# of Units**	**At Limits Premium**
0 - 8 Pass.		
9 - 20 Pass.		
21 - 60 Pass.		
over 60 Pass.		
Charter Buses:		
Other Units:		
*Garage Operations:		

Loss Experience (minimum 3 years)

Year	**Carrier**	**# of Losses**	**Incurred**

Losses Excess of $25,000

Date	**Incurred**	**O/C**	**Description**

Manual premium @ 1m CSL: _____
Modified premium @ 1m CSL: _____
Guaranteed Cost or Other?: _____
Expiring Carrier - Limits & Prem: _____
Comments/Notes:
*Needed only if writing full Umbrella - in conjunction with Umbrella app.

INSURED: _____

LOCATION: _____

A) **Comprehensive General Liability:**

Year	**Premium**	**# of Claims**	**Amount Paid**	**Total Incurred (Paid & Reserved)**
Current	**$**		**$**	**$**
1st prior	**$**		**$**	**$**
2nd prior	**$**		**$**	**$**
3rd prior	**$**		**$**	**$**
4th prior	**$**		**$**	**$**
5th prior	**$**		**$**	**$**

B) **Product Liability:**

Year	**Premium**	**# of Claims**	**Amount Paid**	**Total Incurred (Paid & Reserved)**
Current	**$**		**$**	**$**
1st prior	**$**		**$**	**$**
2nd prior	**$**		**$**	**$**
3rd prior	**$**		**$**	**$**
4th prior	**$**		**$**	**$**
5th prior	**$**		**$**	**$**

C) **Comprehensive Auto Liability:**

Year	**Premium**	**# of Claims**	**Amount Paid**	**Total Incurred (Paid & Reserved)**
Current	**$**		**$**	**$**
1st prior	**$**		**$**	**$**
2nd prior	**$**		**$**	**$**
3rd prior	**$**		**$**	**$**
4th prior	**$**		**$**	**$**
5th prior	**$**		**$**	**$**

D) **Umbrella Liability:**

Year	**Premium**	**# of Claims**	**Amount Paid**	**Total Incurred (Paid & Reserved)**
Current	**$**		**$**	**$**
1st prior	**$**		**$**	**$**
2nd prior	**$**		**$**	**$**
3rd prior	**$**		**$**	**$**
4th prior	**$**		**$**	**$**
5th prior	**$**		**$**	**$**

Provide same details as above. On opposite side of paper list and fully describe all claims in excess of $10,000. **DO NOT** write "See Attached" - Loss runs should only support this paper.