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|  | Euclid Public Sector  234 Spring Lake Drive  Itasca, Illinois 60143  Phone (630) 238-1900 Website: [www.euclidps.com](http://www.euclidps.com/) Mailbox: [mail@euclidps.com](mailto:mail@euclidps.com) |

Public Entity Application

**Commercial Automobile Section**

**(Attaches to EPS- GEN-APP Applicant Information Section)**

**Attach ACORD vehicle schedule and complete the following*.***

**Legal Name of Public Entity:**        **Effective Date:**

ATTACH ACORD 137 FOR YOUR STATE AND ACORD 127

As statutes require, a signed rejection form or lower limits selection   
form may be required for the following coverages:

Personal injury Protection (PIP) (or equivalent no-fault coverage)

Uninsured Motorist Insurance

Underinsured Motorist Insurance

UNDERWRITING QUESTIONS

1. Are all owned or leased vehicles covered under this program?  Yes  No

If “no,” provide details:

2. Describe any location(s) with a concentration of stored vehicles whose total values exceed $500,000.

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| **Location** | **Unit Number(s) From Vehicle Schedule** | **Total Value(s)** |
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3. Does the entity have any mutual aid agreements?  Yes  No

If “yes,” please attach copies.

4. Does the insured own or operate any vehicle designed exclusively for hauling explosives, flamm-able or hazardous materials?  Yes  No

Describe:

5. Are autos hired by the public entity (other than schools)?  Yes  No

6. Do any employees drive their own vehicles in the scope of their employment?  Yes  No

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| If “yes,” list employees and their occupation: |

Are Certificates of Insurance required from these employees?  Yes  No

7. Are employees allowed to take vehicles home after work?  Yes  No

If “yes,” list employees and their occupation:

Is personal use permitted?  Yes  No

8. Does the insured provide any type of transportation system?  Yes  No

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| If “yes,” explain and provide any available brochures: |
| 9. Describe automobile maintenance program, including frequency: |

Are logs maintained for all repairs and maintenance performed?  Yes  No

10. Describe driver hiring practices: Under age 25?  Yes  No

Over age 60?  Yes  No

Previous driver experience?  Yes  No

Physical exams on a regular basis?  Yes  No

If “yes,” frequency:

Are motor vehicle reports checked?  Yes  No

If “yes,” what are standards?

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| Describe driver training procedures (i.e., emergency vehicle training, defensive driving): |

11. Is there an accident investigation program?  Yes  No

12. Are driver safety reviews conducted annually?  Yes  No

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| If “yes,” what are the standards for driver accountability: |

13. Are MVRs updated periodically for all drivers?  Yes  No

Frequency:

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| 14. What action is taken if a driver does not meet your MVR standards? |

15. Attach list of drivers including MVR information; indicate emergency vehicle operators.

Refer to EPS-GEN-APP application form for the state fraud warnings.