ALLCOMP SOLUTIONS
THE WORKERS' COMPENSATION AUTHORITY

School Bus Contractor Application

GENERAL INFORMATION		
Applicant's name:		
Business address:		
City:	State:	Zip Code:
Effective date:	Contact and phone number for inspection:	
Email:	Website:	
Federal ID # (FEIN):	Years in business:	
Type of entity: ❑ Individual ❑ Partnership ❑ Corporation ❑ Other:		
Risk management contact:	Risk management's phone:	
Risk management email:		

SECTION 1 - APPLICANT INFORMATION	
1. Are there operations of the applicant that are not related to school bus service?	❑ Yes ❑ No
2. Does the applicant operate as a subsidiary of another company?	❑ Yes ❑ No
3. List all other named insureds or affiliated companies, if any:	
4. Years the applicant has been in business:	
5. Has the business ever operated under a different name?	❑ Yes ❑ No
6. Breakdown of vehicles by size:	

1 to 8 passenger:		# Wheelchair equipped	
9 to 20 passenger:		# Wheelchair equipped	
21 to 60 passenger:		# Wheelchair equipped	
61+ passenger		# Wheelchair equipped	
Private passenger vehicles:		# Wheelchair equipped	
Service vehicles		# Wheelchair equipped	

7. Has there been a significant change of fleet size in the past 5 years (increase or decrease over 20%)?	❑ Yes ❑ No
8. Is the applicant a member of the National School Transportation Association?	❑ Yes ❑ No

SECTION 2 - OPERATIONS

1. Description of operations: ❑ Rural ❑ Suburban ❑ Urban

2. Radius of operations:

3. Please list the following:

Major Contracts	% of Revenue Derived	School Districts Served
	%	
	%	
	%	
	%	
	%	
	%	

Please list any additional school districts separately.

ALLCOMP SOLUTIONS
THE WORKERS' COMPENSATION AUTHORITY

4. Is 90% or more of the applicant's revenue derived from the operation of school buses?	❑ Yes ❑ No

5. What percentage of the applicant's revenue comes from:

Type of Service	% of Revenue Derived
Charter bus services	%
Sightseeing / Tour services	%
Taxi services	%
Shuttle services	%
Limousine services	%
Medical transportation	%
Sporting events	%
Concerts	%

6. Has the applicant won or lost any contracts withing the last three (3) years?	❑ Yes ❑ No
7. List all after school activities (check all that apply): ❑ Field trips ❑ Athletic events ❑ Summer camps ❑ Other:	
8. Does the applicant rent / lease / loan buses without drivers to others? If yes: a. Do the parties named carry automobile liability insurance? b. Is there a hold harmless / indemnifications clause? c. Is the applicant named as an additional Insured?	❑ Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No

SECTION 3 - SAFETY PROGRAM

1. Does the applicant have a formal written safety program? (Please provide a copy)	❑ Yes ❑ No
2. Are regular safety meetings held? If yes, how often?	❑ Yes ❑ No
3. Is there any driver post hiring driver training? If yes, please describe:	❑ Yes ❑ No
4. Does the applicant have an accident review committee and disciplinary procedure for drivers with moving violations? If yes, please describe:	❑ Yes ❑ No
5. Does the applicant provide a drug / alcohol free workplace? If yes, please describe:	❑ Yes ❑ No

SECTION 4 - HIRING PROCEDURES

1. Does the applicant hire drivers under the age of 25?	❑ Yes ❑ No
2. Are all the drivers properly licensed and registered in accordance with state and federal guidelines?	❑ Yes ❑ No
3. Do all of the applicant's drivers who operate school buses / vans / coaches have CDL licenses and the proper school bus passenger endorsements?	❑ Yes ❑ No
4. Is a written application for employment completed?	❑ Yes ❑ No
5. Are MVR's ordered and reviewed? ❑ Quarterly ❑ Semi-annually ❑ Yearly ❑ When hired	

6. Are previous Employers contacted and references checked?	❑ Yes ❑ No
7. Is there a company supervised road test that is given to all drivers?	❑ Yes ❑ No
8. Is there an employee drug test?	❑ Yes ❑ No
9. Is there a written driving exam?	❑ Yes ❑ No
10. Is there a physical examination?	❑ Yes ❑ No
11. Is there a minimum number of years' experience required for bus driving?	❑ Yes ❑ No
12. Are driver records maintained for all drivers for a minimum of three (3) years?	❑ Yes ❑ No
13. What is the average length of employment for drivers?:	
14. Describe driver training and incentive program:	

SECTION 5 - TRANSPORTATION	
1. Does the Applicant transport individuals with special needs?	❑ Yes ❑ No
2. Are monitors provided when transporting special needs students?	❑ Yes ❑ No
3. Are drivers / staff trained in the handling of special needs students?	❑ Yes ❑ No
4. If wheelchair equipped, do all lifts / ramps comply with ADA accessibility requirements?	❑ Yes ❑ No