



NON-EMERGENCY & PUBLIC TRANSPORT

“vehicles for hire”

Items required for Submission: Accord Application, Loss Runs currently valued (5 yrs included current) and Pandemic Supplement Application.

1. Name of organization _____
2. Type of Organization For Profit Not for Profit Union or Non Union
3. Date Company was established: _____ # Years under current ownership: _____
4. How many employees do you have
____ Drivers ____ Maintenance ____ Administrative ____ Dispatchers
____ Other, Describe _____
5. What % of services do you provide?
____ Non- Emergency ____ Dial -a-Ride ____ School Transportation
____ Paratransit Transportation ____ Other, Describe _____
6. Are Subcontractors utilized? Yes or No Certificate of Insurance Yes or No
What services are outsourced?
 Facility Maintenance Snow Removal Janitorial Grounds Keeping
 Other, Describe _____
7. What is your radius of operations? _____
8. Do you provide travel outside the state? Yes No Where? _____ Why? _____
9. What are your hours of operations? _____ AM _____ PM
10. Please indicate the total number of drivers who drive agency vehicles
____ Full Time ____ Part Time ____ Volunteer ____ Temporary ____ Other
11. Are passengers assisted in or out of the vehicles? Yes No
If yes, provide percentage of: Curb-to-Curb _____ % Door-to-Door _____ % Door through Door _____ %
12. How many drivers have a special license?
 - a. ____ P = Passenger
 - b. ____ S = School Bus, includes Student Transportation Vehicles, Activity Vehicles, Taxi Livery, Service Bus and Motor Coach
 - c. ____ V = Student Transportation Vehicles, includes Activity Vehicles, Taxi, Livery, Service Bus and Motor Coach
 - d. ____ A = Activity Vehicles, includes Taxi, Livery, Service Bus and Motor Coach
 - e. ____ F = Taxi, Livery, Service Bus, Motor Coach
13. Defensive Driving:
Do you have a drug testing policy in place? Yes No If Yes, Upon hire or For Cause
of Agency owned vehicles _____ Ave # employees in vehicles at any 1 time _____
of daily trips per vehicle _____ # of employees who driver _____
MVR's obtained? Yes No If Yes, Upon hire Annually Remedial
Do you have an objective way to evaluate MVR's Yes No
Do you require a minimum number of years of driving Yes No If yes, how many years? _____
Types of Agency vehicles: Passenger vehicles 15 Passenger Vehicles
 Mini Vans Wheelchair Transport Vehicles
 Others (please list) _____

What safety equipment do the vehicles have? GPS Inside vehicle camera outside vehicle camera
Is there a written fleet safety program? Yes No If, yes, attach table of contents

14. Safety Programs

- | | | |
|--|---|--|
| <input type="checkbox"/> Accident Investigation | <input type="checkbox"/> Driver Training | <input type="checkbox"/> Safety Committee |
| <input type="checkbox"/> New Hire Orientation | <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Return to Work |
| <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Hazard Communication | <input type="checkbox"/> Safe Patient Handling |
| <input type="checkbox"/> Personal Protective Equipment (PPE) | <input type="checkbox"/> Bloodborne Pathogens | |
| <input type="checkbox"/> Other _____ | | |

15. Maintenance Program

Describe inhouse vehicle maintenance program: _____

Describe outside vehicle maintenance program: _____

Do you do PRE or POST trip vehicle inspections? Yes No

Do your employees perform any of the following? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Landscaping/Grounds keeping | <input type="checkbox"/> Snow/Ice removal | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Other | |

Applicate Name

Please Print

Title

Signature

Date

