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Agency _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

Public Entity Application Port/Transportation/Airport Authorities Questionnaire N

Legal Name of Public Entity: _____ Effective Date: _____

A. PORT AUTHORITY

1. River Ocean Lake Railroad Other
2. Number of employees: _____

B. TRANSIT AUTHORITY

1. Number of employees: _____ 2. Revenues: \$ _____
3. Type of vehicles: _____
4. Number of passengers served annually: _____
Type of service provided: _____
Days and hours of operation: _____
Number of bus shelters: _____
Number of bus stops—signed only: _____
5. Automobile liability carrier: _____
6. Who maintains the vehicles? _____

C. AIRPORT AUTHORITY

1. Is this airport owned?..... Yes No
Operated? Yes No
Or leased to a third party? Yes No
2. Number of daily commercial passenger flights: _____
3. Is there a fixed-base operator? Yes No
4. Is there a tower?..... Yes No
5. Is airport FAA controlled? Yes No
6. Who writes airport premises liability policy? _____
Limits: _____

7. If airport is leased to a third party, does lessee have airport premises liability coverage, and does the policy name our insured as additional insured? Yes No
8. Are there any air shows or exhibitions?..... Yes No
If "yes," attach narrative.
9. Is there a separate board/commission that controls the operations of the airport? Yes No
If "yes," attach narrative describing: (1) responsibilities of the board, and (2) what kind of decisions are made by the board.