



1750 Creekside Oaks Drive p. 800-541-4591  
 Suite 200 f. 916-244-1199  
 Sacramento, CA www.caltiponline.org  
 95833

## MEMBERSHIP APPLICATION PROCESS

If your transit operation is interested in pursuing membership, our underwriting process is as follows:

1. **Completion of Application:**

The application form is submitted by your organization. CalTIP staff can assist you as you prepare the application. **A non-refundable application fee of \$500 and \$25 per revenue vehicle (above the first ten) is charged to all applicants and must be received with the written application.**

2. **Review for Completeness:**

CalTIP staff will review your application for completeness and will attempt to secure missing data by phone or email. Copies of the application are then sent to CalTIP's broker and risk control manager, if necessary.

3. **Review by Staff and Consultants:**

The application will be reviewed concurrently by CalTIP staff, its broker, and the risk control manager. The broker will evaluate the acceptability of the applicant to the reinsurance and excess insurance carriers. CalTIP staff will analyze the applicant's current exposures, loss history, desired deductible/self-insured retention level, and the applicants' current risk management and/or safety program. The risk control manager may conduct site visits to inspect the applicant's general safety activities.

4. **Site Visit/Recommendation to Member Services Committee:**

CalTIP staff and/or the risk control manager may visit the applicant's site to verify the application materials. Staff then summarizes the findings of all consultants and develops a recommendation for review and action by CalTIP's Member Services Committee.

5. **Action by the Board of Directors:**

The Member Services Committee's recommendations are then forwarded to the CalTIP Board of Directors for final approval or denial, at one of the regularly scheduled meetings of the Board. Applicants are not required to appear before the Board and will be notified upon the Board's decision.

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Please check ✓ to ensure you have completed and/or attached the following items.

1. **Date Application Completed:** \_\_\_\_\_
  
2. **Contact Person** (Name and Title): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
  
3. **Organization Name:** \_\_\_\_\_  
\_\_\_\_\_  
Transit Organization Name(s) if Different than above: \_\_\_\_\_  
Are you a California Public Agency? \_\_\_\_\_
  
4. **Principal Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_
  
5. At which CalTIP Liability Program deductible or self-insured retention (SIR) level do you wish to participate?  
\_\_\_\_\_ \$ 0/Pre-funded Deductible  
\_\_\_\_\_ \$ 25,000 SIR  
\_\_\_\_\_ \$ 50,000 SIR  
\_\_\_\_\_ \$ 100,000 SIR  
\_\_\_\_\_ \$ 250,000 SIR  
\_\_\_\_\_ \$ 350,000 SIR
  
6. The CalTIP Liability Program Year runs May 1 to April 30. If you are seeking coverage to begin on a date later than May 1, your contribution will be pro-rated.  
  
**On what date do you seek to begin Liability Program coverage?** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
7. CalTIP offers excess insurance above the \$6 million in pooled coverage provided automatically through the program. It is recommended members opt for no less than \$10 million in coverage. Please select a level of coverage:  
\_\_\_\_\_ \$ 6 million (*standard pooled coverage*)  
\_\_\_\_\_ \$ 10 million (*includes standard pooled coverage*)  
\_\_\_\_\_ \$ 25 million (*includes standard pooled coverage*)
  
8. Would you like to participate in CalTIP's Vehicle Physical Damage Program?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** If you answer Yes, you must indicate the deductible level you wish to purchase for **each** vehicle for which you want Vehicle Physical Damage Coverage. On your roster of vehicles, requested under questions 52a and 52b, indicate for which vehicles you want Physical Damage Coverage and at which deductible level(s). The following deductibles are available: \$500; \$1,000; \$2,500; \$5,000; and \$10,000. As stated in the Bylaws, any covered vehicle with an actual cash value of \$50,000 or greater is required to maintain a deductible no less than \$5,000.

**9. Year current transit organization began operating:** \_\_\_\_\_

**Note:** If your organization has undergone a substantial reorganization of management structure, or of its relationship to funding organizations or to its regional transportation planning agencies within the last five years, please describe on a separate sheet the nature of the reorganization, any changes in transit organization management personnel caused by the reorganization, and any major changes in the services currently provided as a result of the reorganization.

**10. Transit Routes**

Number of routes currently served: \_\_\_\_\_  
 Date **oldest** route currently served began operation: \_\_\_\_\_  
 Date **newest** route currently served began operation: \_\_\_\_\_

**11. Transit Organization’s Operating Budget**

Budget year anniversary (month and day): \_\_\_\_\_

	<b>Total Expenses</b>	<b>Total Revenue</b>
Last fiscal year (FY _____)	\$ _____	\$ _____
Current fiscal year (FY _____) [actual/estimate]	\$ _____	\$ _____
Next year (FY _____) [estimate]	\$ _____	\$ _____

*Note: Please attach a copy of the most recent budget and audited financial statement.*

**12. Parent Organization’s Operating Budget**

Budget year anniversary (month and day): \_\_\_\_\_

	<b>Total Expenses</b>	<b>Total Revenue</b>
Last fiscal year (FY _____)	\$ _____	\$ _____
Current fiscal year (FY _____) [actual/estimate]	\$ _____	\$ _____
Next year (FY _____) [estimate]	\$ _____	\$ _____

**13. Transit Organization’s Total Annual Mileage**

Please report all mileage figures (including revenue service and deadhead miles) for each period listed below:

	<b>Revenue Vehicles</b>	<b>Non-Revenue Vehicles</b>
7/1/16 – 6/30/17 [actual]	_____	_____
7/1/17 – 6/30/18 [actual]	_____	_____
7/1/18 – 6/30/19 [actual]	_____	_____
7/1/19 – 6/30/20 [actual]	_____	_____
7/1/20 – 6/30/21 [actual]	_____	_____
7/1/21 – 6/30/22 [actual]	_____	_____
7/1/22 – 6/30/23 [actual]	_____	_____
7/1/23 – 6/30/24 [estimate]	_____	_____

**Note:** All mileage for all vehicles for which coverage is desired is to be reported. Revenue Vehicle Mileage includes **ALL MILES** driven or anticipated to be driven by a revenue vehicle such as a bus or passenger vehicle whether or not it is operating in revenue service. Non-Revenue Vehicle Mileage includes **ALL MILES** driven or anticipated to be driven by a non-revenue vehicle such as a staff or service vehicle. All miles driven by vehicles that do not generate revenue are Non-Revenue Vehicle Miles.

**14. Number of Passengers (Unlinked or One-Way Trips)**

7/1/21 – 6/30/22 [actual] \_\_\_\_\_  
 7/1/22 – 6/30/23 [actual] \_\_\_\_\_  
 7/1/23 – 6/30/24 [estimate] \_\_\_\_\_

15. Nature of Operations (% of Annual Mileage)	Percentage	Radius of Operations (in Miles)
Fixed-Route	_____	_____
Paratransit	_____	_____
Dial-a-Ride	_____	_____
Other (describe) _____	_____	_____

**16. Contract Transit Operators** – Describe transit operation performed by outside contractors:

Type of service (use categories found in #15) \_\_\_\_\_

Number of vehicles \_\_\_\_\_

Legal owner of vehicles \_\_\_\_\_

Organization responsible for vehicles' maintenance \_\_\_\_\_

Total mileage (7/1/20 – 6/30/21) [actual] \_\_\_\_\_

Total mileage (7/1/21 – 6/30/22) [actual] \_\_\_\_\_

Total mileage (7/1/22 – 6/30/23) [actual/estimate] \_\_\_\_\_

Total mileage (7/1/23 – 6/30/24) [actual/estimate] \_\_\_\_\_

Liability insurance provider for contract operations \_\_\_\_\_

*Attach your current contract with the outside contractor. Include separate policies governing contractor safety and training programs, as appropriate. Attach a list of outside contractors, including name, contact, address & phone.*

Does your entity anticipate contracting with or currently contract with alternative transportation providers such as Uber and Lyft?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the anticipated or current arrangement/structure with these types of providers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If currently, contracting, attach your contract with the alternative transportation provider(s). Include separate policies governing contractor safety and training programs, as appropriate.*

**17.** Attach an organization service area map and samples of current vehicle schedules and route maps.

**18. Employee Characteristics**

	Number of Employees	Employees with two or more years of transit experience
Full-time drivers	_____	_____
Part-time drivers	_____	_____
Mechanics	_____	_____
Other	_____	_____
<b>Total</b>	_____	_____

**19.** Does your organization utilize a standard employment application for drivers?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, attach application.

*Attach your organization's driver job description, and any other documents utilized in the hiring process.*

**20.** Does your organization have an adopted minimum and/or maximum age?

Yes \_\_\_\_\_ No \_\_\_\_\_

Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

21. Does your driver application process include any of the following tests?

- Written Skills (to demonstrate reading ability, comprehension, vocabulary, writing skills)
- Written (to demonstrate knowledge of transit vehicle operations)
- Polygraph
- Fingerprint
- Physical
- Sleep Apnea Screen when indicated during physical
- Visual acuity
- Drug
- Live Scan

22. Does your organization check an applicant's motor vehicle record before employment?

Yes  No

23. Does your organization utilize a policy for denial of employment based on an applicant's driving record?

Yes  No

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

24. Does your organization have an adopted driver training program and/or manual?

Yes  No

*If Yes, please attach documents. If program/manual is not written, please describe on a separate sheet.*

25. Does your driver training program include a formal defensive driver training element?

Yes  No

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

26. What are your organization's minimum initial driver training standards?

<b>Initial in-the-classroom instruction</b>	<b>Total Hours</b>
Full-time drivers	<input type="text"/>
Part-time drivers	<input type="text"/>
<b>Initial behind-the-wheel instruction</b>	
Full-time drivers	<input type="text"/>
Part-time drivers	<input type="text"/>

27. Does your driver training program include a formal accessibility training?

Yes  No

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

28. What are your organization's minimum ongoing or yearly refresher driver training standards?

<b>Ongoing/yearly in-the-classroom instruction</b>	<b>Total Hours</b>
Full-time drivers	<input type="text"/>
Part-time drivers	<input type="text"/>
<b>Ongoing/yearly behind-the-wheel instruction</b>	
Full-time drivers	<input type="text"/>
Part-time drivers	<input type="text"/>

29. Besides hours, as shown in #26 and #28, are there any differences in your organization's training program for full-time versus part-time drivers?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please describe on a separate sheet.*

30. Are your driver trainers registered with the Federal Motor Carrier Safety Administration (FMCSA)?

Yes \_\_\_\_\_ No \_\_\_\_\_

31. Do you report the entry level drivers to the FMCSA Entry Level Driver Training (ELDT) registry?

Yes \_\_\_\_\_ No \_\_\_\_\_

32. Does your organization employ its own mechanics to maintain your vehicles?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, attach your organization's mechanic job description, and any other documents utilized in the mechanic hiring process. If No, who maintains your vehicles? (Please attach sheet with name of facility, address, contact, and phone number.)*

33. Has your organization adopted a mechanic training program and/or manual?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach documents. If program/manual is not written, please describe on a separate sheet.*

34. What, if any, are your organization's minimum mechanic training/education standards?

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35. Does your organization have an adopted driver safety program or manual, separate from your driver training program?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please attach. If program/manual is not written, please describe on a separate sheet.*

36. If **not** included in your driver safety program or manual, does your organization have an adopted policy to cover any of the following subjects?

a. Passenger relations

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

b. Wheelchair passenger securement and safety procedures

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

c. Accident investigation procedures

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

d. Accident review procedures (i.e. formal review committee, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

e. Do you have a root cause investigation procedure designed to prevent reoccurrence?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach a description of the process or your procedure.*

f. Emergency response procedures

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

37. Does your organization have an adopted mechanic safety program or manual, separate from your driver training program?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If program/manual is not written, please describe on a separate sheet.*

**38. Driver Safety**

a. Does your organization employ any method to gauge **driver** safety performance?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

b. If you answered Yes to 38a, is this performance evaluation used formally to encourage better performance, prevent future accidents and/or guide your annual Verification of Transit Training (VTT) training topics?

Yes \_\_\_\_\_ No \_\_\_\_\_

**39. Mechanic Safety**

a. Does your organization employ any method to gauge mechanic safety performance?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

b. If you answered Yes to 39a, is this performance evaluation used formally to encourage better performance, prevent future accidents and/or guide your annual VTT training topics?

Yes \_\_\_\_\_ No \_\_\_\_\_

40. Are your organization's drug and alcohol testing procedures in compliance with all applicable federal and state laws and regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

41. Does your organization have a formal Safety Committee that meets regularly to analyze accidents, determine liability, and formulate and/or implement policies to prevent further accidents?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If policy is not written, please describe on a separate sheet.*

42. Does your organization check motor vehicle records during the course of a driver's employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, with what frequency? \_\_\_\_\_

43. Is your organization a participant in the California DMV's "Pull Notice" program?

Yes \_\_\_\_\_ No \_\_\_\_\_

44. Does your organization have an adopted vehicle maintenance program or manual?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If program/manual is not written, please describe on a separate sheet.*

45. Does your organization have an adopted vehicle safety inspection program or manual?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If program/manual is not written, please describe on a separate sheet.*

46. Does your organization have an adopted facility safety inspection program or manual?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If program/manual is not written, please describe on a separate sheet.*

47. Does your organization have an adopted Public Transit Agency Safety Plan (PTASP)?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, please attach. If program/manual is not written, please describe on a separate sheet.*

a. If Yes, is it annually reviewed and approved by your agency's board? \_\_\_\_\_

**48. Key Safety/Risk Management Staff Characteristics**

**a. Education**

List degree(s), certificates, courses, etc. pertaining to position, or highest level of education attained

Risk Manager(s)	
Safety Coordinator(s)	
Driver Trainer(s)	
Transit Director of Maintenance	
Transit Director/General Manager	

*List additional key staff and above key staff's qualifications on separate sheet if more space is needed.*

**b. Staff Tenure**

Employee has been in current position since:

Employee has been employed by organization since:

	/ /	/ /
Risk Manager	/ /	/ /
Safety Coordinator	/ /	/ /
Driver Trainer	/ /	/ /
Transit Director of Maintenance	/ /	/ /
Transit Director/General Manager	/ /	/ /

*List dates for additional key staff on a separate sheet if more space is needed.*

49. Has your board or governing body passed a resolution or ordinance creating a self-insured trust fund, reserve fund, or loss fund to cover any of the following liabilities/losses:

**a. General Liability?**

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, at which level and/or percentage of loss is it funded?*

Funding Level \_\_\_\_\_ and/or \_\_\_\_\_ %

**b. Automobile Liability?**

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, at which level and/or percentage of loss is it funded?*

Funding Level \_\_\_\_\_ and/or \_\_\_\_\_ %

**c. Public Officials' Errors and Omissions?**

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, at which level and/or percentage of loss is it funded?*

Funding Level \_\_\_\_\_ and/or \_\_\_\_\_ %

**d. Vehicle Physical Damage?**

Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, at which level and/or percentage of loss is it funded?*

Funding Level \_\_\_\_\_ and/or \_\_\_\_\_ %

**50. Insurance Summary**

Summarize your organization's current insurance policies:

	Insurer	Limits	SIR/ Deductible	Coverage Period	2022-23 Annual Premium
Automobile Liability	_____	_____	_____	_____	_____
General Liability	_____	_____	_____	_____	_____
Public Officials' Liability	_____	_____	_____	_____	_____
Excess Liability	_____	_____	_____	_____	_____

**51. How do you currently provide for transit claims adjustment and administration services?**

- \_\_\_\_\_ In-house staff
- \_\_\_\_\_ Contract (name contractor) \_\_\_\_\_ *Attach contract*
- \_\_\_\_\_ Insurance carrier (name carrier) \_\_\_\_\_ *Attach contract/policy*
- \_\_\_\_\_ Other (specify) \_\_\_\_\_ *Attach any applicable information*

**52. Fleet Information**

**a. Attach a roster of revenue vehicles showing the following:**

- Legal Owner
- Make
- Model year
- Vehicle Identification Number (VIN)
- Passenger capacity
- Year purchased (optional)
- Replacement cost value
- Actual cash value

**b. Attach a list of non-revenue and service vehicles used exclusively by the transit organization showing the following:**

- Legal Owner
- Make
- Model year
- Vehicle Identification Number (VIN)
- Use of vehicle
- Year purchased (optional)
- Replacement cost value
- Actual cash value

### 53. Garage and Maintenance Facilities

**Attach a list of vehicle storage and maintenance facilities, showing the following for each facility:**

- Address
- Facility owner
- Approximate year building was constructed
- Approximate square footage in building
- Maximum number of buses parked in the building at any time
- Number of service hoists
- Number of service pits
- Size of outdoor parking area
- Maximum number of buses parked in outdoor area at any time
- Frequency and nature of occurrences in which facility is utilized by non-transit organization vehicles

**54. Loss History**

Please attach most recent currently valued loss runs for all years listed – **IMPORTANT: You must include all Auto Liability losses regardless if the loss is direct or through a contractor.**

	Number of Accidents or Incidents	Number of Claims Filed <sup>1</sup>	Amount Paid to Date <sup>2</sup>	Amount of Case Reserves	Number of Claims Involving Passenger Injuries <sup>3</sup>
<b>General Liability</b>	_____	_____	_____	_____	_____
2012-2013	_____	_____	_____	_____	_____
2013-2014	_____	_____	_____	_____	_____
2014-2015	_____	_____	_____	_____	_____
2015-2016	_____	_____	_____	_____	_____
2016-2017	_____	_____	_____	_____	_____
2017-2018	_____	_____	_____	_____	_____
2018-2019	_____	_____	_____	_____	_____
2019-2020	_____	_____	_____	_____	_____
2020-2021	_____	_____	_____	_____	_____
2021-2022	_____	_____	_____	_____	_____
2022-2023	_____	_____	_____	_____	_____
<b>Auto Liability</b>	_____	_____	_____	_____	_____
2012-2013	_____	_____	_____	_____	_____
2013-2014	_____	_____	_____	_____	_____
2014-2015	_____	_____	_____	_____	_____
2015-2016	_____	_____	_____	_____	_____
2016-2017	_____	_____	_____	_____	_____
2017-2018	_____	_____	_____	_____	_____
2018-2019	_____	_____	_____	_____	_____
2019-2020	_____	_____	_____	_____	_____
2020-2021	_____	_____	_____	_____	_____
2021-2022	_____	_____	_____	_____	_____
2022-2023	_____	_____	_____	_____	_____
<b>Vehicle Physical Damage (optional)<sup>4</sup></b>	_____	_____	_____	_____	_____
2012-2013	_____	_____	_____	_____	_____
2013-2014	_____	_____	_____	_____	_____
2014-2015	_____	_____	_____	_____	_____
2015-2016	_____	_____	_____	_____	_____
2016-2017	_____	_____	_____	_____	_____
2017-2018	_____	_____	_____	_____	_____
2018-2019	_____	_____	_____	_____	_____
2019-2020	_____	_____	_____	_____	_____
2020-2021	_____	_____	_____	_____	_____
2021-2022	_____	_____	_____	_____	_____

<sup>1</sup> Check one:  
 Claim count includes all claims filed.  
 Claim count excludes claims closed with no payment.  
<sup>2</sup> Include all allocated adjustment expenses, legal fees, etc.

<sup>3</sup> Refers to passengers injured in transit organization's vehicle, not in claimant's or third-party's vehicle.  
<sup>4</sup> Complete only if you are interested in this type of coverage.







