

# 5Star Submission Checklist- CONTRACT SCHOOL BUS PROGRAM

\*Please include this coversheet with each submission



<b>5Star Contract School Bus Submission – All other states than (CT, IL, NJ, NY)</b>	Email (Preferred): <b>schoolbusfl@5StarSP.com</b> Fax Number: <b>321-757-6147</b>
Submission for:	Agency Name:
Producer/Contact Name:	Agency Phone Number:
Comments:	



Before sending your submission, please use this checklist to ensure you have included all required documentation. For faster service, please include a copy of this completed form.

### Documentation Required To Quote

- \_\_\_\_\_ ACORD 125 Applicant Info
- \_\_\_\_\_ ACORD 137 (State specific) Coverage/Limits Section
- \_\_\_\_\_ ACORD 129 Vehicle List or equivalent list
- \_\_\_\_\_ ACORD 127 Driver List or equivalent list
- \_\_\_\_\_ ACORD 126 General Liability, if applicable
- \_\_\_\_\_ ACORD 131 Umbrella, if applicable
- \_\_\_\_\_ Workers Compensation Applications email to [workcomp@5StarSP.com](mailto:workcomp@5StarSP.com) if applicable
- \_\_\_\_\_ Bus Supplemental Application
- \_\_\_\_\_ **Insured's FEIN is listed on all applications (SSN for individuals)**
- \_\_\_\_\_ Currently valued insurance company loss runs for 5 years-including current year (must be valued within the last 90 days)
- \_\_\_\_\_ Details of any claims \$25,000 or more
- \_\_\_\_\_ Current financials (25 or more units) and ALL new ventures
- \_\_\_\_\_ New Venture Questionnaire, if applicable
- \_\_\_\_\_ Brief description of risk
- \_\_\_\_\_ Current MVR's (no more than 60 days old)
- \_\_\_\_\_ MC- Motor Carrier number and full address, if applicable
- \_\_\_\_\_ Your Producer email address: \_\_\_\_\_ **PRINT CLEARLY**
- \_\_\_\_\_ Insured's email address: \_\_\_\_\_ **PRINT CLEARLY**

Please send submissions at least 2 weeks prior to policy effective date to allow for quote processing.

5Star Contract School Bus Program  
158 N. Harbor City Blvd. Melbourne, FL 32935