

Transportation Action Plan

Organization Name:	Plan	Date:	
President / CEO Signature:			
Mark all that apply:			
■ We currently use only Redwoods approved veh appendix). This includes buses, mini buses, app including minivans, and SUVs.	•		_
■ We have Redwoods unapproved 12- or 15-pass implement the actions below to transition out	-	transport peo	ole and we will
We may have some unapproved vans but they we use them for cargo only.	have been convert	ed with all seat	s removed and
■ We agree that neither staff nor our volunteers to use any unapproved 12- or 15- passenger vathis position to all staff, volunteers and donors	ns to transport pe		
ORGANIZATION'S ACTIONS AT INSURANCE BIN	ID DATE	GOAL DATE	COMPLETION
We will begin the transition to eliminate use of unapproved 12 for transportation in programs.	/15 passenger vans		
We will no longer purchase, rent, lease, loan or use additional upassenger vans for transportation of people.	inapproved 12/15		
We will limit use of unapproved vans to local use only (outsour vehicles on all trips requiring highway usage) until all vans can Redwoods approved vehicles.			
We will implement these vehicle safety measures to unapprov Remove any roof racks / remove tow balls Remove the farthest backseat from all unapproved 12/1s Cargo only vans have all rear seats removed			
We will implement these driving safety policies for all unappro Do not drive on limited access roadways Do not exceed 45-mph maximum driving speed Do not carry more than 10 passengers Do not carry luggage on the roof or in a towed trailer Keep heavy storage low, secure and ahead of the rear as Check tire pressures daily to conform to manufacturer Inspect van before and after every trip	de		

We will begin implementing these transportation administrative safety policies and practices

- Implement training and testing for all new drivers
- Implement semi-annual update training for all drivers
- Restrict drivers to those who meet driver selection and control and who have received and passed appropriate training
- Maintain at each location and association office current list of approved drivers
- Keep and maintain records of vehicle daily and regular maintenance inspection forms

REDWOODS 12- AND 15-PASSENGER VAN REQUIREMENTS

In recognition of new safety equipment and design updates made by the automotive industry, Redwoods has now approved certain 12- and 15-passenger vans for the use of transporting children. In order to qualify, vans must be manufactured after 2011 and be equipped with the following safety features:

- Electronic Stability Control
- Tire Pressure Monitoring
- Side Curtain Airbags
- Center Aisle

WHICH VANS QUALIFY?

Acceptable vans, in order of preference, are as follows:

- 1. Ford Transit Low Roof
- 2. Nissan NV 3500
- 3. Ford Transit Medium Roof

Despite improvements, it's important to note that these vans are still rated relatively poorly for safety—and will cost more to insure as a result. School buses, minibuses and minivans continue to be our preferred vehicles for transporting children.

WHICH VANS DO NOT QUALIFY?

The following vans do not yet meet our safety criteria and should not be used by our customers:

- Ford E-350
- Chevrolet Express 3500
- GMC Savana
- Ford Transit High Roof
- Mercedes Benz Sprinter 2500

^{**}Redwoods may choose not to provide auto coverage for unapproved vehicles purchased during policy term without prior approval.



FRAUD NOTICE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA or WV - see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued (not applicable in North Carolina).

If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)	Applicant Title	
Applicant Signature	Date	

