



Vendor Application

Date:	
Company Name:	# Years in business:
Subsidiary of corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list corporation name and phone)	
Contact Name:	Title:
Email Address:	Phone:
Street Address:	City, State, Zip
Language Ability (please check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> OTHER, please specify _____	

Complete the following table for all each vehicle operated.

Type (car/van/bus/SUV)	Year & Make	Model	Passenger Capacity	Lift (Y/N)	Medical Vehicle (Y/N)

Attach ASE certification/vehicle inspection for each vehicle that will be used to transport participants. The inspection form should include the mechanic's ASE number.

List all owners/managers within the organization.





Vendor Application

**How are the transportation services provided by your company insured?
(Check all that apply)**

- Private Insurance Type _____ Amount _____
- OTHER Type _____ Amount _____

Attach proof of insurance to this application.

Insurance Requirments: Commercial General Liability Insurance: \$1,000,000 combined single limit per occurrence for comprehensive coverage; Automobile Liability Insurance covering all owned, non-owned and hired vehicles with a combined single limit of \$1,000,000 per occurrence; Workers Compensation and Employers Liability: \$1,000,000 per occurrence or disease; Commercial Umbrella or Excess Liability: \$3,000,000 per occurrence/\$3,000,000 general aggregate. *All policies and certificates of insurance, except workers compensation, shall be endorsed to name Cobb County Government as an additional insured and provide for the insurer's waiver of subrogation in favor of Cobb County.*

Who normally drives your agency/organization's vehicles to provide transportation services for customers? (Check all that apply)

- Volunteer
- Staff
- Individuals hires specially as drivers
- OTHER (please specify) _____

Is a Commercial Drivers License required to operate any of your vehicles? If so, please list the vehicles and drivers who will operate them.

Services provided/needs accommodated:

- Do you provide door-to-door service? Yes No
- Do you provide passenger assistance? Yes No
- Do you allow escorts? Yes No

What is your service area? _____





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How do you charge for services?

Flat Rate _____

Per Hour _____

Per Mile _____

Does your organization charge a cancellation fee? Yes No

If so, what is the cancellation fee? _____

What is the cancellation policy?

How does your organization begin a trip?

- Client Pick-Up Point
- Organization facility (overhead costs)
- Other _____

Do you have a minimum time/mileage requirement? If yes, what is it?

What is your Senior Citizen Discount? _____

Age for discount? _____

Does your company provide and maintain a drug-free workplace?

- Yes No

How many years of experience do you have transporting elderly/disabled population?

- Less than 1 year 1-3 years 4-5 years More than 5 years





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When was the last time your organization raised fees?

Please list any transportation voucher programs in which your firm previously participated or currently participates.

Has your company ever been suspended, removed, or terminated from a transportation voucher program? If so, please state which program, date and reason for removal or termination.

Business License Number	Tax ID Number	Member of Chamber of Commerce or Local Business Associations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name(s):
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List business references (name/phone):

I certify that the information provided in this application is true and correct.

Signature of Company Representative

Title

Date



RETURN TO: CobbLinc Transportation Voucher Program,
Attn: Hilda Bishop, 431 Commerce Park Drive Marietta GA 30060



Vendor Application

This application for the Transportation Voucher Program has been reviewed and the applicant is approved as a vendor.

Andrea Foard, Transit Division Manager
Cobb County Department of Transportation

Date



RETURN TO: CobbLinc Transportation Voucher Program,
Attn: Hilda Bishop, 431 Commerce Park Drive Marietta GA 30060



Application Checklist

Prior to submitting application, please make sure the application is signed. Also, please make sure to provide the following attachments:

Y	N	Attachment
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Inspection signed by ASE-certified or dealer-mechanic-certified inspector for each vehicle listed – mechanic’s ASE number is included
<input type="checkbox"/>	<input type="checkbox"/>	Proof of General Liability Insurance and Vehicle Insurance Attached That:
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Names “Cobb County Government” as additional insured
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Provides for waiver of subrogation in favor Cobb County
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Lists certificate holder as: Cobb County Government, 100 Cherokee Street, Suite 350, Marietta, GA 30090
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ States that “insurance shall not be cancelled for any reason except after thirty (30) days written notice to County”
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ <u>Commercial General Liability Insurance</u>: \$1,000,000 combined single limit per occurrence for comprehensive coverage per location/per project aggregate, and completed operations coverage provided for (5) years after completion of the Services and final payment
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ <u>Automobile Liability Insurance</u> covering all owned, non-owned and hired vehicles with combined single limit of \$1,000,000 per occurrence and for bodily and personal injury, sickness, disease or death, injury to or destruction of property, including loss of use resulting therefrom <p>Information for Drivers (to be provided for each driver):</p>
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Defensive Driving Class Certification
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Criminal Background Check for each driver
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ First Aid and CPR certification for each driver
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Driver’s License Report for each driver
<input type="checkbox"/>	<input type="checkbox"/>	Copy Business License
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Cobb County Vendor Registration
<input type="checkbox"/>	<input type="checkbox"/>	Rate Sheet