

ATTENTION: _____

AGENCY INFORMATION

Agency _____ City _____ State _____ Licensed producer _____
 Contact name _____ Phone _____ Email _____

INSURED INFORMATION

Name _____	1. Nature of operations _____
Garaging address _____	2. Is this the applicant's primary business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____
City _____ State _____	3. Do you transport for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No DOT # _____ MC # _____
Zip _____ County _____	4. Filing required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will policy cover all vehicles owned, operated, or under lease to applicant? _____
Phone _____	5. Is your business for profit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Desired effective date _____	6. Is the transportation of people your primary business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's name _____	7. Do you operate in more than one state? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business start date _____	8. Major cities entered _____
	9. Covered by workers' compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVER INFORMATION

Driver name	CDL	Date of birth	State of license	Years of experience	Number of moving violations (last 3 years)	Number of accidents (last 3 years)
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

What is the basis for driver pay? Hourly Trip Mileage Fares Other, explain _____

VEHICLE INFORMATION

Year	Make	Current value	Radius	Seating capacity	Annual mileage	Anti-lock brakes, air bags, or lifts / 4-point tie downs?

PREVIOUS COVERAGE

Prior carrier (last 3 years) _____ Current pricing _____ Target pricing _____
 Claims paid _____

LIABILITY	MEDICAL PAYMENTS	UM / UIM	COMP / SPEC PERILS	COLLISION
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SPECIALTY CLASS QUESTIONS

Limousines	Are the limousines stretched? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, length stretched _____ % Airport _____
All public	Are you transporting people with physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what % of time? _____ Is a fee or fare charged for transporting passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Taxi	Are you an owner-operator? <input type="checkbox"/> Yes <input type="checkbox"/> No Fare box or meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver training	Do vehicles have dual controls? <input type="checkbox"/> Yes <input type="checkbox"/> No Personal usage? <input type="checkbox"/> Yes <input type="checkbox"/> No Classroom instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulance	Are ambulances owned by a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No
Daycare	Type of daycare <input type="checkbox"/> In-home <input type="checkbox"/> Private <input type="checkbox"/> Non-profit <input type="checkbox"/> Other, explain _____
Rideshare	Is insured providing rideshare service? (e.g., Lyft or Uber) <input type="checkbox"/> Yes <input type="checkbox"/> No



STATE-SPECIFIC FRAUD STATEMENTS

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas: 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.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: 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.

Florida: 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.

Kentucky: 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.

Louisiana: 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.

Maryland: 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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 CIVIL FINES AND CRIMINAL PENALTIES.

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: 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.

Oklahoma: 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.

Pennsylvania: 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.

Tennessee: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: 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.

Washington: 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.

West Virginia: 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.

All other states: Any person who knowingly presents a false or fraudulent claim for payment of a loss 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.

Signature

Date