

ATTENTION: _____

Agency Information

Agency Name _____ City _____ State _____
Contact Name _____ Phone _____ E-mail _____

Insured Information

Name _____	1. Nature of Operations _____
Address _____	2. Is this the applicant's primary business? Yes No If no, explain _____
City _____ State _____	3. Do you haul for hire? Yes No DOT # _____ MC # _____
Zip _____ County _____	4. Filing Required? Yes No If yes, will policy cover all vehicles owned, operated, or under lease to applicant? _____
Phone _____	5. Is your business for profit? Yes No
Desired Effective Date _____	6. Is the transportation of people your primary business? Yes No
Owner's Name _____	7. Do you operate in more than one state? Yes No
Business Start Date _____	8. Major Cities Entered _____
	9. Covered by Worker's Compensation? Yes No

Driver Information

Driver Name	Date of Birth	State of License	# Years Experience	Last 3 Years # of	
				Moving Violations	Accidents

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?

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? Yes No If so, length stretched _____ % Airport _____
All Public	Are you transporting physically disabled persons? Yes No If so what % of time? _____ Is a fee or fare charged for transporting passengers? Yes No
Taxi	Are you an owner-operator? Yes No Fare box or meter? Yes No
Driver Training	Do vehicles have dual controls? Yes No Personal Usage? Yes No Classroom Instruction Yes No
Ambulance	Are ambulances owned by hospital? Yes No
Daycare	Type of daycare In-home Private Non-profit Other, explain _____