

ATTENTION: _____

AGENCY INFORMATION

Agency name _____ City _____ State _____
 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