

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 |
| City _____ State _____ | If no, explain _____ |
| Zip _____ County _____ | 3. Do you transport for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No DOT # _____ MC # _____ |
| Phone _____ | 4. Filing required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Desired effective date _____ | If yes, will policy cover all vehicles owned, operated, or under lease to applicant? _____ |
| Owner's name _____ | 5. Is your business for profit? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Business start date _____ | 6. Is the transportation of people your primary business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional insureds to be listed: _____ | 7. Do you operate in more than one state? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | 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 | | Number of accidents <i>last 3 years</i> |
|-------------|--------------------------|---------------|------------------|---------------------|-----------------------------|---------------------------|--|
| | | | | | Minor <i>last 3 years</i> | Major <i>last 5 years</i> | |
| | <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 | VIN | 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? Yes No If so, length stretched _____ % Airport _____

All public Are you transporting people with physical disabilities? 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 a hospital? Yes No

Daycare Type of daycare In-home Private Non-profit Other, explain _____

Rideshare Is insured providing rideshare service? (e.g., Lyft or Uber) Yes No



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