

TO BE COMPLETED IN ADDITION TO THE COMMERCIAL AUTO APPLICATION

Applicant Name: _____

GENERAL INFORMATION

1. Is this a New Venture? Yes No If no, please provide number of years in business _____
2. Gross receipts last year _____ Estimate for coming year _____
3. Have you ever changed your operating name? Yes No
If yes, please explain: _____
4. Have you filed for bankruptcy within the last 5 years? Yes No
If yes, please explain: _____
5. Do you operate in more than one state? Yes No If yes, list states: _____
6. List largest cities entered into: _____
7. Is our policy to cover all vehicles owned, operated or under lease to the applicant? Yes No
If no, explain: _____
8. Does applicant have General Liability Coverage? Yes No
If yes, please provide name of carrier & policy term: _____
9. Please provide the total number of vehicles owned, operated or under lease to the applicant for the past 3 years
Estimate for coming year _____ Current year _____ 1st Prior year _____

DRIVER INFORMATION

10. Current number of drivers _____
11. During the past year, how many drivers have you - Added? _____ Replaced? _____
12. Do you order & review MVR's prior to hiring? Yes No
13. Minimum required age for driver: _____ Maximum driver age: _____
14. Do all drivers have at least 2 years of professional/like driving experience? Yes No
15. Are all drivers properly licensed to drive the vehicles on the schedule (i.e. CDL, Passenger End't, etc.)? Yes No
16. Maximum number of driving violations allowed within the last 3 years: _____
17. Maximum number of accidents allowed within the last 3 years: _____
18. Is pre-employment drug testing required for all drivers? Yes No
19. Are all drivers/employee's covered by Worker's Compensation? Yes No
20. Is a Written Safety Program in place? Yes No
21. Is there a Driver Safety Incentive plan in place? Yes No
22. Are accident investigation & review procedures, including records, maintained? Yes No
23. Do the review procedures include driver disciplinary procedures? Yes No
If yes, please explain: _____
24. What is the basis for driver(s) pay?
Hourly _____ Trip _____ Mileage _____ Other, explain _____
25. Drivers maximum driving hours _____ daily, _____ weekly
26. Are drivers allowed to take vehicles home at night? Yes No

If yes, will family members be allowed to drive? Yes No
If yes, please explain: _____

VEHICLE INFORMATION

27. Current total annual mileage: _____ Average annual miles per unit _____
28. Estimated annual mileage for upcoming year: _____
29. Is there a written vehicle maintenance program in place? Yes No
30. Are daily or pre-trip inspections made to the vehicles? Yes No
31. Do you service your own vehicles? Yes No If no, who does? _____
32. Are written maintenance history records kept for all units? Yes No
33. Does the insured have a formal procedure in place to retire older and/or high mileage units? Yes No
If yes, explain: _____
34. Are any vehicles customized, altered or have special equipment? Yes No
If yes, please identify the vehicles and provide specifications (i.e. length of limo, Video/Audio equipment, etc.)

35. Do any vehicles have special equipment for handicapped or non-ambulatory clients? Yes No
If yes, please identify which vehicles: _____
36. Are all drivers trained on proper tie-down procedures for wheelchairs? Yes No
37. Are all vehicles equipped with alarms, GPS or some other theft deterrent device? Yes No
38. Where are vehicles stored when not in use? _____
39. If vehicles are stored at one location, describe the type of location and its security: _____

40. Are any vehicles stretched? Yes No
If yes, please list: _____
41. Are vehicles equipped with a fare box or meter? Yes No
42. Do you lease, hire or borrow vehicles from others? Yes No
If yes, explain: _____
43. Do you lease, hire out or loan your vehicles to others? Yes No
If yes, explain: _____

FILING INFORMATION

44. Are any State and/or Federal filings required? Yes No
State filings, list states and permit number: _____
Federal filings: MC # _____ Base registration state: _____
45. Do you allow others to operate under your authority? Yes No
If yes, please explain: _____
46. List exact name and address in which filings are issued _____
47. In the last 3 years have you ever failed any inspections or violated any safety standards by any Federal, State or Local authority? Yes No
If yes, explain: _____

OPERATIONS INFORMATION

48. What percentage of your trips are: Airport _____% Weddings/Funeral _____%
Prom/Night-on-the-town _____% Corporate _____% Other, specify _____%
49. Radius of operations: 0 – 50 miles _____% 51 – 200 miles _____% Over 200 miles _____%
50. What percentage of your reservations is made more than 1 hour in advance? _____%
51. Do you ever transport unscheduled passengers? Yes No

If yes, explain: _____

52. Are alcoholic beverages served in the passenger compartment? Yes No

If yes, answer the following:

- a. Is the alcohol provided by the insured? Yes No
- b. Is there a procedure in place to prohibit minors from consuming alcohol? Yes No

53. Do you use any independent contractors? Yes No

If yes, answer the following:

- a. Are certificates of insurance required? Yes No
If yes, what is the minimum liability limit required? _____
- b. What is the estimated cost of hire? _____
- c. Is the Applicant named as additional insured? Yes No
- d. Is there a Hold Harmless agreement in place? Yes No

The completion of this application creates no express or implied obligation on the part of the company or its' manager to offer a quotation or provide insurance.

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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

Signature of Insured

Date

Signature of Producer

Date