

# TAXI, LIMOUSINE AND CAR SERVICE APPLICATION

Date Completed\_\_\_\_\_

Policy Effective Date\_\_\_\_\_

## PRODUCER INFORMATION

Producer Name\_\_\_\_\_

Street\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_ZIP\_\_\_\_\_

Producer Code\_\_\_\_\_Telephone No\_\_\_\_\_

## APPLICANT INFORMATION

Named Insured\_\_\_\_\_

Street\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_ZIP\_\_\_\_\_

Business Telephone No.\_\_\_\_\_

Tax ID No\_\_\_\_\_Social Security No\_\_\_\_\_

Headquarters (if other than above)

Street\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_ZIP\_\_\_\_\_

## OWNERSHIP AND CONTROL OF ORGANIZATION

Named Insured is a: Corporation Partnership Sole Proprietor Other:\_\_\_\_\_

State where incorporated\_\_\_\_\_Incorporation Date\_\_\_\_\_Operations Commenced Date\_\_\_\_\_

Management, Ownership and Control (list names of Principals and anyone else with 10% or more ownership interest)

	Name	Date in Position	% Ownership
President			
Vice President			
Secretary			
General Manager			
Treasurer			
Others			

Affiliated Companies (list all affiliated companies or companies under the same ownership. If more than 5, use Remarks section)

Name	Address

## PAYMENT PLAN

Total Estimated Annual Premium \$\_\_\_\_\_Deposit Premium \$\_\_\_\_\_

Full Annual Premium Enclosed Yes Installment Option Yes Financed Premium Yes

Name & Address of Finance Company\_\_\_\_\_

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## OPERATOR INFORMATION

Is vehicle: Owner-Operated?      Driven by Employee?      Driven by Independent Contractor?      Leased?

If leased describe conditions of lease: Daily      Monthly      Other

Other description \_\_\_\_\_

List all Operators:

Name	Date of Birth	License and State	Hackney License No.

## ACCIDENT INFORMATION

Has applicant/any operator been involved in any motor vehicle accidents in the past 36 months?      Yes      No

If yes complete the following (Use a separate sheet if necessary.):

Name of Operator	Accident Date	Place of Accident

Amount of Loss (Include paid and outstanding amounts)

BI Amount	PD Amount	Collision Amount	OTC Amount

## CONVICTION INFORMATION

Has the applicant or any operator had their driver's license or Hackney license suspended or revoked during the preceding 36 months? If yes, complete below:

Yes      No

Name	Date	Reason

Has the applicant or any operator been convicted, paid a fine, or forfeited bail for any moving violation (other than suspension or revocation), or been assigned to an alcohol education program in the past 36 months?

If yes, complete below:

Yes      No

Name	Date	Reason

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## PRIOR INSURANCE INFORMATION

Has the applicant failed to pay any automobile insurance premium due or contracted during the preceding 12 months?  
If yes, complete below and explain in Remarks section - page 6. Yes No

Insurance Company \_\_\_\_\_ Amount due or in dispute \_\_\_\_\_

Has any automobile policy or coverage been declined, cancelled or non-renewed during the past three years?  
If yes, explain reason: Yes No

## PRIOR CARRIER INFORMATION

List the prior automobile insurance carriers for this company and any affiliated companies for past five years and attach loss statements from the carrier. Use a separate sheet if necessary.

Company Name	Policy Number	Policy Period

## GENERAL INFORMATION

Explain all 'Yes' responses in the Remarks Section - page 6.	Yes	No
With the exception of Loss Payee, are any vehicles NOT owned solely by the applicant?		
Are there any vehicle owned but not scheduled on this application?		
Does the applicant obtain RMV verifications for listed operators?		
Does the applicant have a specific driver recruiting method?		
Is the applicant subject to the Massachusetts Workers' Compensation Act? (Include the Company and Policy Number in the Remarks Section - page 6)		
Does the applicant adhere to any commercial automobile safety practices? (If so, provide specific details in the Remarks Section - page 6)		
Is the applicant subject to the Massachusetts Business Corporation Act?		
Is an ICC or any other financial responsibility filing required? (List all such requirements In the Remarks Section - page 6)		

## BUSINESS FUNCTIONS

Indicate the percentage of use for each of the following functions which are applicable to the applicant:

%	Contract service (Provide specific details in Remarks Section – page 6)
%	Owns and operates radio dispatch service
%	Phone calls for general transport
%	Prearranged special events such as Weddings, Proms, etc.
%	Regular stand (Train, Bus Station etc.)
%	Street cruising
%	Transportation to/from Airport(s) (Provide locations in Remarks Section - page 6)
%	Works out of non-owned dispatch service

Customers - Indicate percentage of customers which are:

%	General Public
%	Specialized (Elderly, Children, Special Needs, Package Delivery, etc.) (Provide locations in Remarks Section - page 6)

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## VEHICLE DESCRIPTION

Vehicle 1. Year, Make, Model, Body Type					
VIN	Seat Capacity	Cost New	Radius of Operation	Class Code	Medallion Number
City(s), State Where Operated			License/Permit No.	City(s) Where Licensed	

Vehicle 2. Year, Make, Model, Body Type					
VIN	Seat Capacity	Cost New	Radius of Operation	Class Code	Medallion Number
City(s), State Where Operated			License/Permit No.	City(s) Where Licensed	

Vehicle 3. Year, Make, Model, Body Type					
VIN	Seat Capacity	Cost New	Radius of Operation	Class Code	Medallion Number
City(s), State Where Operated			License/Permit No.	City(s) Where Licensed	

Vehicle 4. Year, Make, Model, Body Type					
VIN	Seat Capacity	Cost New	Radius of Operation	Class Code	Medallion Number
City(s), State Where Operated			License/Permit No.	City(s) Where Licensed	

Vehicle 5. Year, Make, Model, Body Type					
VIN	Seat Capacity	Cost New	Radius of Operation	Class Code	Medallion Number
City(s), State Where Operated			License/Permit No.	City(s) Where Licensed	

### Loss Payee/Additional Interests

Vehicle No.	Name and Address

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## COVERAGE SELECTION

Coverage Type	Limit of Liability	VIN
A. Compulsory A-1 Bodily Injury A-2 Personal Injury Protection	\$20,000 each person, \$40,000 each accident, \$8,000 each person	
B. Bodily Injury Other than Statutory Minimum Limit \$20,000/\$40,000	\$_____ each person \$_____ each accident	
C. Property Damage Liability Mandatory \$5,000	\$_____ each accident	
D. Medical Payments Optional Maximum \$5,000	\$_____ each person	
E. Comprehensive	ACV less \$_____ deductible Glass Deductible \$100      Yes	
F. Fire	ACV less \$_____ deductible Glass Deductible \$100      Yes	
G. Fire & Theft	ACV less \$_____ deductible Glass Deductible \$100      Yes	
H. Fire, Theft & CAC	ACV less \$_____ deductible Glass Deductible \$100      Yes	
I. Collision	Waiver of Deductible      Yes \$_____ deductible	
J. Limited Collision	Waiver of Deductible      Yes Full Coverage (\$0 Ded)      Yes \$_____ deductible	
K. Uninsured Motorist Coverage Mandatory \$20,000/\$40,000	\$_____ each person \$_____ each accident	
L. Underinsured Motorist Coverage	\$_____ each person \$_____ each accident	

### Optional Coverages Applicable to Limousine and Car Service Risks Only

M. Loss of Use – Rental Reimbursement Maximum \$30 per day	\$_____ per day	
N. Hired Auto – Liability Only Cost of Hire	\$_____	
O. Non-Owned Number of Employees	\$_____	
P. Drive Other Car Coverage	\$_____	

## TAXI, LIMOUSINE AND CAR SERVICE APPLICATION

### REMARKS

#### The Fair Credit Reporting Act

In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and business associates. Upon written request, received within a reasonable timeframe, additional detailed information concerning the nature and scope of this investigation will be provided.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or who, for the purpose of misleading, conceals information concerning any fact material thereto, commits a fraudulent act which is a crime and may subject the person to criminal and civil penalties.

Furthermore, the applicant has the responsibility to notify the insurance company of any changes in ownership, operators, vehicles and/or use of vehicles during the policy term. Failure to do so may result in the denial of coverage,

**I hereby declare that I have read all of the statements contained in this application and they are complete and true as of this date. The coverage and limits I requested are as indicated in the application.**

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Date \_\_\_\_\_ Producer Signature \_\_\_\_\_