

Commonwealth Automobile Reinsurers
Taxi/Limousine/Car Service
Underwriting Inspection Form

Inspection Information	Response
Policy Number	
Inspector Name	
Requestor	
Order Number	
Inspection Date	
Inspection Location	
New Business/Renewal Date	
Failure to Comply	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes,	
• No Response – List Date(s)	
• No Show – List Date(s)	

Company Information	Response
Named Insured	
Phone Number	
Address	
City, State, Zip Code	
Email Address	
Interviewed	
Title	

General Risk Questions		Response
1.	Does the insured operate out of state? If yes, please specify in the Remarks section on page three.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Are vehicles operated solely by the named insured, an employee, or an independent contractor of the named insured, in attendance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Do any vehicles pick up hail fares on the street?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Does the risk charge per mile traveled if the trip is less than 25 miles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Does the risk operate on a scheduled business day and return to the automobile's base of operation for a continuous period of at least four hours in each 24-hour period?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Does the insured operate from a base with two-way communication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Does the insured typically receive payment through billing, credit card, or cash? If no, how is the insured paid for services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Is the insured under contract with a regional transit authority where transportation services are paid for by the individual requesting the services? If no, is the insured then paid by a social service agency?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Is any vehicle used for or under contract with any Transportation Network or Delivery Network (Uber/Lyft/Grub Hub/DoorDash) services? If yes, please specify in the Remarks section on page three.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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General Risk Questions (Continued)		Response
10.	Do customers contact insured by (check all that apply):	Phone <input type="checkbox"/> Street <input type="checkbox"/> App <input type="checkbox"/> Other <input type="checkbox"/>
11.	Are any vehicles rented or leased to others on a long-term or short-term agreement, or on a time, commission, profit-sharing, or other independent contractor basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Is the vehicle primarily used as: • Courier Service • Package Parcel Delivery	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	How are trips tracked? • Contracts • Trip Logs If yes, please provide.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Is the vehicle used to carry students or other persons to and from school or any other school activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Is the vehicle used to transport to or from airports? If yes, please provide locations in the Remarks section on page three.	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Are any vehicles hired on a prearranged basis? Hourly, on an exclusive, dedicated basis for the duration of the event, not for drop-off and pick-up, only for weddings, funerals, religious ceremonies, or other non-business social functions?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Vehicle Information	Response
<u>Vehicle Number 1</u>	
Model Year	
Make	
Model	
VIN	
Seat Capacity	
License/Permit No.	
Medallion Number (if applicable)	
Garage Location	
Garage Location Type	

Vehicle Checklist	Response
Valid Inspection	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Equipment:	
• Permanently installed fare meter	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Dashcam	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mileage Meter	Yes <input type="checkbox"/> No <input type="checkbox"/>
Partition	Yes <input type="checkbox"/> No <input type="checkbox"/>
Radio Dispatch	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre-Existing Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Markings/Signage/TNC Decals	Yes <input type="checkbox"/> No <input type="checkbox"/>
Massport or Airport Decals	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Vehicle Photos

- Attach pictures of the front, the rear, both sides of vehicle, and the interior.
- Any decals, markings, or signage should be clearly visible.
- The seating area should be free of obstructions.
- Any specialized equipment that had been installed such as a camera or meter should also be photographed.

Vehicle Photos

Insert Photo 1 (front)

Insert Photo 2 (rear)

Insert Photo 3 (left side)

Insert Photo 4 (right side)

Insert Photo 5 (interior)

Insert Photo 6 (other)

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Additional Risk Remarks:

- Please include a brief description of business operations and the area of operation.