

- | | | | | |
|-----|---|------------|-------------------|----|
| 3. | Are vehicles serviced and inspected?
If yes, by whom? | How often? | Yes | No |
| 4. | Does the Applicant own or operate any equipment not listed on the schedule?
If yes, please explain: | | Yes | No |
| 5. | Are your vehicles equipped with a two-way radio?
If yes, what are the radios used for? | | Yes | No |
| 6. | Does the Applicant have Drive-Cam or any other recording devices on your vehicles?
Drive-Cam Other: | | Yes | No |
| 7. | Does the Applicant have GPS tracking capability? | | Yes | No |
| 8. | Are all of the Applicant's conversion vehicles QVM certified?
If yes, by whom? If no, please explain: | | Yes | No |
| 9. | What was the Applicant's longest round-trip destination in the last twelve (12) months? | | | |
| 10. | What is the Applicant's three (3) most frequent destinations and percentage of trips to those destinations: | | | |
| | Destination | | Percentage | |
| | City/State: | | | % |
| | City/State: | | | % |
| | City/State: | | | % |
| 11. | What percentage of your trip(s) are: Airport: % Corporate: % Weddings/Funerals : %
Prom / Night-on-the-Town: % Other % Describe: | | | |
| 12. | What percentage of your reservations is made twenty-four (24) hours in advance? | % | | |
| 13. | Do the Applicant's vehicles ever transport professional athletic teams or entertainment groups?
If yes, please explain: | | Yes | No |
| 14. | What is the Applicant's expected Cost of Hire for hired autos next year: \$ | | | |
| 15. | Does the Applicant lease vehicles from others?
If yes, what percentage: % | | Yes | No |
| 16. | Does the Applicant lease or rent out vehicles to others (without driver)? | | Yes | No |
| 17. | Does the Applicant use or hire Owner-Operators? | | Yes | No |
| 18. | Does the Applicant or any of its drivers utilize Transportation Network Company Mobile Applications such as but not limited to Uber, Uber-X, or Lyft? | | Yes | No |

SECTION IV - DRIVER INFORMATION

- | | | | | |
|----|--|--------|-----|----|
| 1. | Within the last twelve (12) months, how many drivers has the Applicant replaced: | Added: | | |
| 2. | Does the Applicant's driver selection procedure include drug testing? | | Yes | No |
| 3. | What is the minimum age of drivers? | | | |
| 4. | Does the Applicant have a driver recruitment program?
If yes, please explain: | | Yes | No |
| 5. | Does the Applicant provide Workers' Compensation coverage for all their drivers and all other employees?
If yes, specify insurance carrier:
If no, provide an explanation: | | Yes | No |
| 6. | Are all drivers your employees? If no, provide an explanation: | | Yes | No |
| 7. | Does the Applicant have a formal driving policy in place with MVR standards?
If yes: | | Yes | No |
| | a. Is driving policy communicated in writing to all employees? | | Yes | No |
| | b. Is a signed acknowledgment form kept on file?
If yes, please provide a copy of signed acknowledgment. | | Yes | No |
| | c. Do driving standards include the following: | | | |
| | i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? | | Yes | No |
| | ii. No more than 2 moving violations within past 3 years? | | Yes | No |
| | iii. No more than 1 at fault accident within past 3 years? | | Yes | No |
| 8. | How often does the Applicant check MVR reports? | | | |

9. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes No
10. Describe any ongoing training provided to drivers:
11. Does the Applicant allow employees to drive personal vehicles for company purposes? Yes No
If yes:
- a. Are the driving policy and standards for these drivers the same as in questions 1-3? Yes No
- b. Does the Applicant require these employees to have adequate personal insurance limits? Yes No

SECTION V - PRIOR INSURANCE HISTORY*

POLICY PERIOD			INSURANCE COMPANY	NO. OF LIMOS OPERATED	PREMIUM			LOSS HISTORY	
MO	DAY	YR			AUTO LIABILITY	PHYSICAL DAMAGE	GENERAL LIABILITY	TOTAL \$ INCURRED	NO. OF CLAIMS

**Please attach details of all losses that exceeded \$25,000 as well as any gaps in insurance coverage.*

1. Is the Applicant's present policy being cancelled or non-renewed? If yes, please explain: Yes No
2. Has the Applicant's insurance ever been obtained through an Assigned Risk Plan? Yes No
If yes, please explain:
3. Has the Applicant ever filed or are planning to file for reorganization or bankruptcy? Yes No
4. Provide the name(s) of any public transportation entity(ies) not covered under this application in which the named insured or any of its officers, directors, partners, or stockholders have a direct or indirect ownership interest:
5. Except for encumbrances, are all autos owned by, leased to, or registered to the Applicant? Yes No
If no, please explain:
6. Please explain any prior gaps in insurance coverage:

SECTION VI - VEHICLE SCHEDULE

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch	Number of Passengers:	
Garage Location:			VIN:	
Value: Cost New \$	or	Stated Value \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch	Number of Passengers:	
Garage Location:			VIN:	
Value: Cost New \$	or	Stated Value \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch	Number of Passengers:	
Garage Location:			VIN:	
Value: Cost New \$	or	Stated Value \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch	Number of Passengers:	
Garage Location:			VIN:	
Value: Cost New \$	or	Stated Value \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch	Number of Passengers:	
Garage Location:			VIN:	
Value: Cost New \$	or	Stated Value \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch	Number of Passengers:	
Garage Location:			VIN:	
Value: Cost New \$	or	Stated Value \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch	Number of Passengers:	
Garage Location:			VIN:	
Value: Cost New: \$	or	Stated Value: \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch	Number of Passengers:	
Garage Location:			VIN:	
Value: Cost New \$	or	Stated Value: \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

SECTION VII - LIEN HOLDER SCHEDULE

Loss Payee	Additional Insured	Vehicle Number for App Schedule:
Entity Name:		
Address:	City:	State: Zip:
Phone:	Fax:	Contact:

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
--	-------------------------------------	--

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
--	-------------------------------------	--

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
--	-------------------------------------	--

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
--	-------------------------------------	--

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
--	-------------------------------------	--

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
--	-------------------------------------	--

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
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SECTION VIII - DRIVER INFORMATION SCHEDULE

Please include ALL drivers for Named Insured

No.	Name as it Appears on Drivers License	Street Address City, State, Zip	Date of Birth	Drivers License Number	Date of Hire	No. Yrs Driving Limos	Full or Part Time
1							
2							
3							
4							
5							
6							
7							

No.	Name as it Appears on Drivers License	Street Address City, State, Zip	Date of Birth	Drivers License Number	Date of Hire	No. Yrs Driving Limos	Full or Part Time
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
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27							
28							
29							
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33							
34							
35							

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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.

APPLICABLE IN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)