

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

CHAUFFEURED TRANSPORTATION INSURANCE APPLICATION

SUBMISSION REQUIREMENTS

- Upon binding, an application signed by both the Applicant and Producer is required.
- Currently valued insurance company loss runs for the current and prior three (3) years
- An updated drivers list with current MVRs (less than 3 months old) for each driver
- An updated Vehicle Schedule
- New ventures must provide a resume with the last three (3) years of employment listed

SECTION I – GENERAL INFORMATION

1. Name of Limousine Operation (include DBA):

2. Company Type: Individual Corporation Partnership Other:

Mailing Address:

Business Telephone: Fax:

Garage Address: Email Address: Website Address:

4. Contact Person: Title:

5. Number of Years in Business: Number of Employees:

6. Does the owner have other employment? Yes No

If yes, please explain:

7. ICC/PUC docket number, if applicable:

8. FEIN (Federal Employer Identification Number):

SECTION II - COVERAGE INFORMATION

LIABILITY COVERAGES	LIMIT	PHYSICAL DAMAGE COVERAGES	PHYSICAL DAMAGE DEDUCTIBLE
Auto Liability (Combined Single Limit)	\$	Comprehensive:	\$
Personal Injury Protection (PIP)	\$	Collision:	\$
Uninsured Motorist Protection (UM)	\$		
Underinsured Motorist Protection (UIM)	\$		
Employer's Non-Ownership Liability	\$		
Hired Auto Liability	\$		

SECTION III - OPERATIONS INFORMATION

Estimated Mileage Gross Receipts

For Proposed Coverage Period: \$
Current Year: \$
Prior Year: \$

1. Type of Garaging: Indoor Outdoor Fenced Lighted Security Guard Other:

2. Do employees take vehicles home? Yes No If yes, are they garaged? On Street Off Street

3.	Are vehicles serviced and inspected?	Yes	No				
	If yes, by whom? How often?	\/	N.1 -				
4.		Yes	No				
_	If yes, please explain:	Voo	No				
5.	Are your vehicles equipped with a two-way radio? If yes, what are the radios used for?	Yes	No				
6		V	NI-				
6.	Does the Applicant have Drive-Cam or any other recording devices on your vehicles?	Yes	No				
7	Drive-Cam Other:	Yes	No				
7. 8.	Does the Applicant have GPS tracking capability? Are all of the Applicant's conversion vehicles QVM certified?	Yes	No No				
Ο.	If yes, by whom? If no, please explain:	165	NO				
9.	What was the Applicant's longest round-trip destination in the last twelve (12) months?						
9. 10.	What is the Applicant's three (3) most frequent destinations and percentage of trips to those destinations.	tione:					
10.	Destination	Percer	anet				
	City/State:	i ercer	waye				
	City/State:		%				
	City/State:		%				
11.		rale ·	%				
٠٠.	Prom / Night-on-the-Town: % Other % Describe:	iais .	70				
	1 Totti / Night-off-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?	Yes	No				
10.	If yes, please explain:	103	140				
14.	What is the Applicant's expected Cost of Hire for hired autos next year: \$						
15.	Does the Applicant lease vehicles from others?	Yes	No				
10.	If yes, what percentage: %	103	140				
16.							
17.							
18.	···						
10.	Applications such as but not limited to Uber, Uber-X, or Lyft?	Yes	No				
	Applications odon do bat not inmod to obot, obot A, or Lytt.	. 00					
	SECTION IV - DRIVER INFORMATION						
	OLOTION IV - DIVIVEIX INI ONIMATION						
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?	100	140				
4.	Does the Applicant have a driver recruitment program?	Yes	No				
•	If yes, please explain:						
5.	Does the Applicant provide Workers' Compensation coverage for all their drivers and all other	Yes	No				
٥.	employees?						
	If yes, specify insurance carrier:						
	If no, provide an explanation:						
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?	Yes	No				
• •	If yes:						
	a. Is driving policy communicated in writing to all employees?	Yes	No				
	b. Is a signed acknowledgment form kept on file?	Yes	No				
	If yes, please provide a copy of signed acknowledgment.						
	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				
0	How often does the Applicant check MVR reports?						
8.	riow often does the Applicant check with reports:						

9. 10.	company-specific documented driver training?								No	
11. Does the Applicant allow employees to drive personal vehicles for company purposes? If yes: a. Are the driving policy and standards for these drivers the same as in questions 1-3? b. Does the Applicant require these employees to have adequate personal insurance limits? Yes							No No No			
				SECTION V -	PRIOR INSU	JRANCE HIST	ORY*			
PO	LICY PEI	RIOD		NO. OF	PREMIUM			LOSS HISTO		RY
МО	DAY	YR	INSURANCE COMPANY	LIMOS OPERATED	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.			ant's insurance	ever been ob	tained throug	h an Assigned	Risk Plan?	•	Yes	No
3.	If yes, please explain: 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									

5. Except for encumbrances, are all autos owned by, leased to, or registered to the Applicant? Yes No If no, please explain:

which the named insured or any of its officers, directors, partners, or stockholders have a direct

6. Please explain any prior gaps in insurance coverage:

or indirect ownership interest:

#:	Year:	Make:	Model:		GVWR:	GVWR:		
Radius: Color:		Length of	Length of Stretch		Number of Passengers:			
Gara	ge Location:			VIN:				
Valu	e: Cost New \$	or	Stated Value \$		Personal Use?	Yes	No	
Com	prehensive	\$1,000	\$2,500	Collision Covera	age: \$1,000	\$2,500		
Cove	erage:				_			
	Loss Payee	Additiona	I Insured – Leased A	Auto Assigned	d Driver:			

#:	Year:	Mal	ke:		Model:			G	VWR:		
Radiu	s:		Color:		Length of	Stretch			Number of Pa	ssengers:	
Garag	ge Location:						VIN:			=	
Value	: Cost New \$		or	Stated	l Value \$			Pe	ersonal Use?	Yes	No
Comp	rehensive		\$1,000		\$2,500	Coll	ision Cove	rage:	\$1,000	\$2,500	
Cove	age:										
	Loss Payee	•	Additiona	Insured	d – Leased	Auto	Assigne	ed Driv	er:		

#:	Year:	Make:			Model:				GVWR:			
Radiu	ıs:	Co	olor:		Length of S	Stretch			Num	ber of Pass	engers:	
	ge Location:				1		VIN:		1			
	: Cost New \$		or	Stated	l Value \$				Persona	l Use?	Yes	No
Comp	orehensive		\$1,000		\$2,500	Collis	sion (Coverage	:	\$1,000	\$2,500	
Cove							,					
	Loss Payee		Additional	Insured	d – Leased <i>F</i>	∖uto	Assi	gned Driv	/er:			
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#:	Year:	Make:			Model:				GVWR:			
Radiu	ıs:	Co	olor:		Length of	Stretch				Number o	f Passeng	ers:
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Value	: Cost New \$		or	Stated	l Value \$				Persona	l Use?	Yes	No
	orehensive		\$1,000		\$2,500	Collis	sion (Coverage	:	\$1,000	\$2,500	
Cove							ı					
	Loss Payee		Additional	Insured	d – Leased A	Auto	Assi	gned Driv	/er:			
	I	Π			T			T				
#:	Year:	Make:			Model:				GVWR:			
Radiu	ıs:	Co	olor:		Length of S	Stretch				Number o	f Passeng	ers:
Gara	ge Location:	•				,	VIN:				_	
	:Cost New \$		or	Stated	d Value \$				Persona		Yes	No
	orehensive		\$1,000		\$2,500	Collis	sion (Coverage	: \$	1,000	\$2,500	
Cove			A 1 11/1									
	Loss Payee	1	Additional	Insured	d – Leased A	Auto	Ass	igned Dri	ver:			
#:	Year:	Make:			Model:				GVWR:			
Radio	us:		Color:		Length of	Stretch			Num	ber of Pass	sengers:	
	ge Location:	'					VIN:		•			
	:Cost New \$		or	Stated	d Value \$				Persona		Yes	No
	orehensive Co	verage:	\$1,000		\$2,500			Coverage		\$1,000	\$2,	500
	Loss Payee		Additiona	Insured	d – Leased A	Auto A	Assigr	ned Drive	r:			
					T			1				
#:	Year:	Make:			Model:				GVWR:			
Radiu	ıs:		Color:		Length of	Stretch			Num	ber of Pass	sengers:	
Gara	ge Location:							VIN:	•		J	
Value	:Cost New: \$		or	Stated	d Value: \$				Persona	al Use?	Yes	No
Comp	orehensive Co	verage:	\$1,000		\$2,500			Coverag		\$1,000	\$2	,500
	Loss Payee		Additiona	l Insure	d – Leased	Auto A	Assig	ned Drive	er:			
	T	1			T							
#:	Year:	Make:			Model:				GVWR	•		
Radio	us:		Color:		Length of	Stretch			Nun	nber of Pas	sengers:	
	ge Location:		l		, ,			VIN:	I			
	:Cost New \$		or	State	d Value: \$				Persona	al Use?	Yes	No
Comp	orehensive Co	verage:	\$1,000	\$2	2,500	Coll	ision	Coverag	e:	\$1,000	\$2	,500
	Loss Payee		Additiona	l Insure	d – Leased	Auto A	∖ssigi	ned Drive	r:			
			SE	CTION	VII - LIEN H	OLDER	R SCI	HEDULE				
	Loss Payee		Additional Insu	ured	Ve	hicle Nı	umbe	r for App	Schedul	e:		
Entity	Name:		2 3	-	. •			-1-1-				
Addre	ess:				City:				Stat	e:	Zip:	
Phon	۵.		Fax:		Co	ntact:						

Loss Payee		Additional Insured		Vehicle N	Vehicle Number for App Schedule:				
Addre		_	City:		St	ate:	Zip:		
Phon	e:	Fax:		Contact:					
	Loss Payee	Additional Ir	sured	Vehicle N	umber for App Sched	lule:			
Addre Phon		Fax:	City:	Contact:	St	ate:	Zip:		
1 11011	<u>. </u>	1 0.7.		- Contact:					
	Loss Payee Name:	Additional Ir	sured	Vehicle N	lumber for App Sched	lule:			
Addre	ess:	City: Fax:		Contact:	St	ate:	Zip:		
	Loss Payee	Additional In	sured	Vehicle N	umber for App Sched	lule:			
Entity	Name:								
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	Loss Payee Name:	Additional Ir	sured	Vehicle N	lumber for App Sched	lule:			
Addre	ess:	_	City:		St	ate:	Zip:		
Phon	e:	Fax:		Contact:					
Loss Payee		Additional Insured		Vehicle N	Number for App Scheo	dule:			
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1 11011	<u>. </u>	ı ux.		oontdot.					
Entity	Loss Payee Name:	Additional I	nsured	Vehicle N	Vehicle Number for App Schedule:				
Addre	ess:	City:		O a mta atı	State:		Zip:		
Phon	e:	Fax:		Contact:					
					ATION SCHEDULE				
	Name as it	Pl€	ease include	ALL drivers for	Named Insured		No Vro	Full on	
No.	Appears on Drivers License	Street A City, Sta		Date of Birth	Drivers License Number	Date of Hire	No. Yrs Driving Limos	Full or Part Time	
1		213), 21	,						
2									
3									
4									
5									

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	Name as it Appears on	Street Address	D ((D) ()	Drivers License	Date of	No. Yrs Driving	Full or Part
No.	Drivers License	City, State, Zip	Date of Birth	Number	Hire	Limos	Time
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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	BE COMPLETED BY THE PRODUCER/BROKER/AGENT

AGENCY

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

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

ADDRESS (STREET, CITY, STATE, ZIP)

Chauffeured Transportation Insurance Application

10/2017