

**TAXI COMPANIES**

**1. General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_ Applicant's SS# or FEIN: \_\_\_\_\_

**Other Locations Used:**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**2. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Completed Claims and Loss History form attached (REQUIRED)?  Yes  No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

**3. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**4. Desired Insurance**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Self-Insured Retention (SIR):  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**Property Damage Deductible:**

\$500  \$750  \$1,000  \$5,000  Other: \$ \_\_\_\_\_

**Uninsured/Underinsured Motorists:**  Yes  No Statutory Limits \$ \_\_\_\_\_

**Note: Coverage is only provided if required by State Law.**

Non-Taxi operations bodily injury and property damage combined single limit (\$1,000 S.I.R. applies to each loss):

\$100,000 CSL  \$150,000 CSL  \$200,000 CSL  \_\_\_\_\_ Other

**5. Business Operations**

1. Type of business in which vehicles are used?

Taxi Service  Limousine Service  Package Delivery Service  Airport Bus Service

2. Describe Safety procedures in detail. If you have written policies and procedures, or an employee manual, please include a copy. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Provide names and addresses of regulatory authorities requiring filings. Please include your filing number. Submit a copy of the current filings issued. If not issued, provide a copy of the application to be submitted. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What is the maximum radius of your operation?  0 – 50 miles  50 – 100 miles  100+ miles

5. What is the average distance from the origination of passenger pickup to drop off? \_\_\_\_\_

6. To what cities do you travel? \_\_\_\_\_

\_\_\_\_\_

7. Do you operate in more than one state?  Yes  No

If yes, what are the other states? \_\_\_\_\_

\_\_\_\_\_

8. Do you lease vehicles to others?  Yes  No

If yes, explain whether all, or what percentage of vehicles, and for what purpose(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you rent vehicles to others for their use?  Yes  No

If yes, explain whether all, or what percentage of vehicles, and for what purpose(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Describe your company's maintenance and inspection program that qualify your vehicles to be used for the services provided. A copy of your formal inspection and maintenance written procedure manual would be helpful.

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11. Are there any vehicles owned by others that operate under your authority?  Yes  No  
If yes, explain and identify the number and percentage of those so operated: \_\_\_\_\_

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12. Are any autos leased to others on a long-term basis?  Yes  No  
If yes, explain: \_\_\_\_\_

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13. Are employees used to operate any insured Autos?  Yes  No  
If yes, explain number and percentage of all operations. \_\_\_\_\_

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14. Does your company have a position whose job description provides risk management or loss control, performs safety inspections, or engineering services?  Yes  No

If yes, please provide:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: # \_\_\_\_\_

Employee's specific responsibilities: \_\_\_\_\_

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15. Do you have your own towing service operations?  Yes  No  
If yes, answer:

a. Do you tow for any other clients or customers, other than for your owned autos, or for other autos operated under contract with the taxi company?  Yes  No

b. Explain operations, number of tow trucks operated, and percentage of total services that are for other clients for a fee. \_\_\_\_\_

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16. Do you operate your own auto mechanical repair and maintenance service garage for all owned autos?  Yes  No
- a. If yes, provide address, phone, fax, e-mail, and name of manager. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. If yes, are you providing repair and maintenance services to non-owned autos?  Yes  No
- c. If no, provide name of company (or companies) you have contracted to provide repair and maintenance for all owned autos. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. If you operate the taxi company with non-owned autos, describe in detail the inspection and auto maintenance safety program you have effected, to verify that all non-owned autos are provided the repair and maintenance service required of all autos operated under your name and/or permits. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Do you provide taxis to drivers on a daily rental basis?  Yes  No
- If Yes:
- a. What is the number of units rented? \_\_\_\_\_
- b. What percent of your total daily gross receipts are from daily rental taxi operations? \_\_\_\_\_%
19. Does your company have an incentive program related to safety and accidents?  Yes  No
- a. If No, would you be willing to effect one if provided?  Yes  No
- b. Why not? \_\_\_\_\_  
 \_\_\_\_\_
20. Are drivers required to complete a signed and dated inspection report form, identifying the condition of the auto at the end of each shift during a 24-hour period?  Yes  No
- a. If yes, please provide a sample of the form used.
- b. If No, would you be willing to affect such a program?  Yes  No
21. Do all owned and/or operated autos under your name have:
- a. operating windshield wipers?  Yes  No
- b. defoggers that currently operate?  Yes  No
- c. snow tires during winter months?  Yes  No
22. Do all owned autos have a second, hidden ID number in case of theft of the vehicle?  Yes  No
23. Do Union drivers operate any autos?  Yes  No
- a. If yes, what percentage of your owned autos is operated by Union drivers of the total autos operated?  
 \_\_\_\_\_ %
- b. If yes, how many autos? # \_\_\_\_\_

24. If applicable, please provide a copy of the contract or contracts between the taxi company and any non-employee drivers.
25. Describe the taxi company's policy and procedures effected to reduce charges of theft of personal property left in the auto by a passenger? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
26. Does the taxi company check references on driver applications?  Yes  No  
 a. If no, would the taxi company effect such a procedure as a provision to obtain the insurance?  Yes  No
27. Do you have a written policy and procedure for handling customer complaints?  Yes  No  
 a. If no, would you effect one and educate all taxi company drivers of the company's program?  Yes  No
28. Does the taxi company have a program in place:  
 a. to compare mileage with the fares collected?  Yes  No  
 b. at the end of each shift, to receive the: (1) receipts for fuel, (2) list of toll fees, and (3) any other driver operating expenses?  Yes  No
29. Does the taxi company have a fenced yard for auto storage?  Yes  No
30. Are taxi operations conducted:  
 a. out of a rented office?  Yes  No  
 b. from the homes of the employee driver?  Yes  No  
 c. If yes, please explain: \_\_\_\_\_  
 d. from the business office of the company?  Yes  No
31. Are taxi company autos operated on a radio-dispatched system?  Yes  No
32. Does the taxi company have the following installed for protection purposes?  
 a. A camera in the vehicle to record all operations?  Yes  No  
 If no, would the company agree to install such equipment?  Yes  No  
 b. A cash lock box in the vehicle?  Yes  No  
 c. Bulletproof glass between the driver and passenger area?  Yes  No
33. How many trips outside a 50-mile radius does each auto make during a week? \_\_\_\_\_
34. How many miles per week is each auto driven on the average? \_\_\_\_\_
35. Do you own all autos listed on the attached equipment list?  Yes  No  
 If No, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

36. Are all autos you own, which are operated as a taxi, limousine, or bus service, listed on the attached equipment form?  Yes  No

If No, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

37. Note any special equipment that you may use, that is not listed as autos on the Equipment Form.

VEHICLE #	DESCRIPTION OF EQUIPMENT	VALUE

38. Are there any vehicles you own, or that operate under your filling, that are not listed as autos on any License or Permit?  Yes  No

If Yes, provide a list of vehicles not included: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

39. How many taxis do you own? \_\_\_\_\_ How many limos do you own? \_\_\_\_\_

40. How many tow trucks do you own? \_\_\_\_\_ How many buses do you own? \_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_

\_\_\_\_\_  
Signature Signature

\_\_\_\_\_  
Print Name Print Name

**DRIVER SCHEDULE**

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For each driver, complete the following and attach a copy of the driver's MVR and license.

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STAT E LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STAT E LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STAT E LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STAT E LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: \_\_\_\_\_

**If any driver(s) should be specifically excluded from the policy, please attach a separate list.**

**Don't forget to attach a copy of the MVR and driver's license for each driver!**

**Note:** Endorsements must be paid for in full within five days of request. If payment is not received, driver(s) will be excluded from the policy.

Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

Insured Representative: \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

## VEHICLE SCHEDULE

Insured/Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Medallion Number: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW / GCW		Radius	
City, State, Zip where Garaged		Seating Capacity		Cash Value	
				Cargo/On-Hook	

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW / GCW		Radius	
City, State, Zip where Garaged		Seating Capacity		Cash Value	
				Cargo/On-Hook	

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW / GCW		Radius	
City, State, Zip where Garaged		Seating Capacity		Cash Value	
				Cargo/On-Hook	

Dated: \_\_\_\_\_  
Applicant:

Dated: \_\_\_\_\_  
Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name