

Underwriter: _____ Date: _____

Agency Information

Agent Code: _____ Agent Name: _____ State: _____
Person to Contact: _____

Insured Information

Insured Name: _____ Owners Name: _____
Mailing Address: _____
Garaging Address: _____
Filings (Please provide ID #s if applicable): _____ Years in Business: _____
States Entered: _____ Major Cities Driving Into or Through: _____
Description of Operations: _____

Prior Carrier Info for the past 3 years

Year	Company Name and Policy Number	Losses (Y/N)	Details	Driver Involved

If no prior insurance in own name, provide 3 years of driver employment history:

Driver Information

Driver Name	Date of Birth	License Number	State	Date Hired	# of Yrs Experience	Last 3 Years Violations	# of Accidents

Vehicle Information

Year	Make	Model	# Of Passengers	Present Value	Radius Miles	Length of Stretch

Coverage & Limits:

Auto Liability Limits	
UM	
UIM	
Medical Payments	
<input type="checkbox"/> Specified Perils	Deductible
<input type="checkbox"/> Comprehensive	Deductible
<input type="checkbox"/> Collision	Deductible
Hired Car	
Non-Owned	

Limousines & Sedans:

What % of trips are to & from the airport?				
Are you registered or licensed as a:	Limousine	Taxi		
What % of your trips are unscheduled?				
Do any vehicles have a fare box or meter?				
Do you charge by the:	Hour	Trip	Miles	
Do drivers wear formal chauffeur's attire?				
Do you have corporate contracts? If yes, list who the clients are:				

Full Size Van Section (12-15 Passenger)

Are driver assistants on board the vans?	
Do you have any cargo racks on your vehicles?	
Do you tow trailers with your van?	
Is seat belt usage mandatory for all drivers & passengers?	
If the van is of a 15 passenger configuration, is the rear-most seat removed?	
Have you trained your drivers specifically on how to safely operate the full size van? If yes, please describe.	

What kind of growth and/or changes expected in the next 12 months?

Comments:

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