



LIMOUSINE INSURANCE APPLICATION

PRODUCER: _____ EFFECTIVE DATE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE: _____ FAX: _____

Are you the incumbent broker for this insurance? _____ Yes _____ No

NAMED INSURED INFORMATION

NAME OF INSURED: _____

MAILING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL: _____

GARAGING INFORMATION: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

NAMED INSURED IS: Individual Corporation
 Partnership Association
 Limited Liability Corporation

FEDERAL TAX IDENTIFICATION OR SOCIAL SECURITY NUMBER: _____

NUMBER OF YEARS IN BUSINESS: _____ YEARS OF EXPERIENCE: _____

ICC OR PUC DOCKET NUMBER, IF APPLICABLE: _____

LIST MUNICIPALITY TO WHO CERTIFICATE OF INSURANCE TO BE ISSUED: _____

DO YOU HAVE AUTHORITY FROM THE N.Y. TAXI & LIMOUSINE COMMISSION TO PICK UP PASSENGERS IN NEW YORK? _____ YES _____ NO

IF YES, PROVIDE NAME AND ADDRESS OF BASE YOU ARE AFFILIATED WITH:

NAME: _____

ADDRESS: _____

LIST ALL ADDITIONAL INTERESTS TO WHOM CERTIFICATE OF INSURANCE ARE TO BE ISSUED:

LIST THE NAME AND TELEPHONE NUMBER OF THE PERSON TO BE CONTACTED FOR SAFETY ENGINEERING:

NEW VENTURES MUST SUPPLY A RESUME OF PRINCIPAL(S) STATING LAST THREE (3) YEARS OF EMPLOYMENT

COVERAGES

CHECK	AVAILABLE COVERAGES	LIMITS	DEDUCTIBLES
	LIABILITY LIMIT	\$1,500,000 CSL	
	UNINSURED MOTORIST	\$35,000	
	UNDERINSURED MOTORIST	INCLUDED	
	COMPREHENSIVE		\$1,000.00
	COLLISION		\$1,000.00
	OTHER		

LIST NAME AND ADDRESS OF BASE YOU ARE ASSOCIATED WITH: _____

DRIVER AND VEHICLE INFORMATION

LIST ALL VEHICLES AND CORRESPONDING DRIVERS IN THE TABLES BELOW

(This page may be copied for additional information)

YEAR	MAKE	VIN NUMBER	LENGTH OF STRETCH (if applicable)	SEATS	VALUE	RADIUS

DRIVER INFORMATION

NAME	ADDRESS	DATE HIRE	LICENSE NO.	YRS LIMO EXP	AVG HRS/WK	DOB

ATTACH CURRENT MOTOR VEHICLE REPORT FOR EACH DRIVER.
ATTACH COPY OF AUTOMOBILE REGISTRATION FOR EACH VEHICLE.

FURTHEST DESTINATION TRAVELED: _____

MOST FREQUENT DESTINATIONS

DESTINATION	PERCENTAGE OF USE

PERCENTAGE OF USE

	AIRPORT	CORPORATE	WEDDING	FUNERAL	PROM	DINNER/SHOW	OTHER
PERCENTAGE							

PERCENTAGE OF AIRPORT USE

_____ NEWARK _____ LAGUARDIA _____ JFK _____ OTHER

	ESTIMATED MILEAGE	GROSS RECEIPTS
FOR PROPOSED COVERAGE PERIOD		
CURRENT YEAR		
1 ST PRIOR YEAR		
2 ND PRIOR YEAR		

▶ FREQUENCY OF WORK (# OF TRIPS PER DAY): MON _____ TUES _____ WED _____ THUR _____
 FRI _____ SAT _____ SUN _____

▶ WHO ARE YOU PAID BY: CLIENT _____ EMPLOYER _____ OTHER LIMO SVC _____
 3RD PARTY _____

▶ HOW DOES THE CLIENT PAY YOU? CREDIT CARD _____ CASH _____ MONTHLY BILLING _____
 VOUCHER _____

▶ AVERAGE FARE PER TRIP: _____

▶ DO YOU ACCEPT WORK FROM OTHER LIMOUSINE COMPANIES: YES _____ NO _____

▶ WHAT PERCENTAGE OF YOUR WORK IS RECEIVED FROM OTHER LIMOUSINE COMPANIES? _____

▶ LIST LIMOUSINE COMPANIES YOU RECEIVE WORK FROM:

NAME: _____ CITY _____ CONTACT/PHONE # _____

NAME: _____ CITY _____ CONTACT/PHONE # _____

NAME: _____ CITY _____ CONTACT/PHONE # _____

▶ WHAT PERCENTAGE OF YOUR WORK IS RECEIVED FROM YOUR DIRECT CLIENTS? _____ %

▶ DO YOU RECEIVE ANY WORK FROM 3RD PARTIES, OTHER THAN LIMO COMPANIES OR YOUR OWN DIRECT CLIENTS? YES _____ % NO _____ %

▶ DO YOU MAINTAIN TRIP SHEETS AND/OR TRIP LOGS DETAILING THE WORK YOU HAVE DONE? YES _____ NO _____ IF YES, HOW LONG DO YOU MAINTAIN THESE RECORDS? _____

▶ IS THIS A CAR SERVICE OR LIVERY OPERATION? _____

▶ DESCRIBE RESERVATION PROCEDURES (e.g. 24 HOURS OR PRIOR, ON CALL, ETC.) _____

▶ DO YOU OWN OR OPERATE ANY EQUIPMENT THAT IS NOT LISTED ABOVE OR ON THE PROVIDED SCHEDULE? _____, IF "YES", PLEASE EXPLAIN: _____

▶ CURRENT TOTAL NUMBER OF DRIVERS EMPLOYED: _____

▶ ARE ALL DRIVERS EMPLOYEES? _____

▶ DURING THE PAST 12 MONTHS, HOW MANY DRIVERS HAVE YOU: REPLACED? _____

ADDED? _____

▶ DOES YOUR DRIVER SELECTION PROCEDURE INCLUDE: (1) DRUG TESTING? _____

(2) REFERENCE CHECKS? _____

(3) PHYSICAL EXAMINATIONS? _____

▶ DRIVERS MAXIMUM HOURS: WHILE DRIVING—DAILY: _____ WEEKLY: _____

ON DUTY—DAILY: _____ WEEKLY: _____

▶ DO EMPLOYEES TAKE VEHICLES HOME? _____ IF "YES", WHERE AND HOW ARE THEY GARAGED? _____

▶ DO YOU EVER LEASE VEHICLES TO DRIVERS? _____ IF "YES", PLEASE EXPLAIN: _____

▶ DO YOU PROVIDE WORKERS COMPENSATION INSURANCE FOR ALL DRIVERS? _____

IF "YES", PLEASE PROVIDE INSURANCE COMPANY'S NAME: _____

IF "NO", PLEASE EXPLAIN: _____

▶ DESCRIBE ANY SIGNIFICANT CHANGES (e.g. FLEET SIZE, DISCONTINUED OPERATIONS, OR TERRITORY SERVICED) IN YOUR OPERATION DURING THE PAST THREE (3) YEARS AS WELL AS ANY ANTICIPATED IN YOUR OPERATION DURING THE PROPOSED POLICY PERIOD: _____

▶ DO YOUR VEHICLES EVER TRANSPORT PROFESSIONAL ATHLETIC OR ENTERTAINMENT GROUPS? _____

IF "YES", EXPLAIN THE FREQUENCY AND NATURE OF THESE TRIPS: _____

▶ DESCRIBE PROCEDURES FOR CONTROLLING UNDERAGE PASSENGER CONSUMPTION OF ALCOHOL, IF ALCOHOL IS PERMITTED: _____

▶ WHAT IS THE MINIMUM AGE REQUIREMENT FOR YOUR DRIVERS? _____

▶ WHAT IS THE MAXIMUM AGE LIMITATION FOR YOUR DRIVERS? _____

▶ WHAT IS THE NUMBER OF MOVING VIOLATIONS ALLOWED IN WHAT TIME FRAME? _____

▶ WHAT IS THE NUMBER OF ACCIDENTS ALLOWED AND IN WHAT TIME FRAME? _____

▶ DO ANY OF YOUR AUTOS USE FARE BOXES OR METERS? _____

▶ ARE ANY OF YOUR AUTOS EQUIPPED WITH TWO-WAY RADIOS? _____

▶ WHAT STEPS ARE TAKEN AFTER ACCIDENTS? _____

▶ WHAT ARE YOUR DRIVER PROBATION AND TERMINATION CRITERIA? _____

▶ ARE MVR'S ORDERED BEFORE EMPLOYMENT? _____

▶ DO YOU HAVE A WRITTEN MAINTENANCE PROGRAM FOR YOUR VEHICLES? _____, IF "YES", PLEASE ATTACH A COPY.

▶ DO YOU SERVICE YOUR OWN VEHICLES? _____, IF "NO", WHO DOES? _____

▶ DO YOU SERVICE VEHICLES OF OTHERS? _____

▶ DO YOU EMPLOY MECHANICS AND HOW MANY? _____

▶ WHERE ARE YOUR VEHICLES PARKED WHEN NOT IN USE? _____

○ PROTECTION; e.g. FENCED LOT, SECURITY CAMERAS, ALARMS, OWNERS HOME, ETC. _____

○ ESTIMATED VALUE OF ALL VEHICLES PARKED IN A SINGLE LOCATION: _____

SAFETY INFORMATION

ARE ACCIDENT INVESTIGATION AND REVIEW PROCEDURES AND RECORDS MAINTAINED? _____

DO THE REVIEW PROCUDURES INCLUDE DISCIPLINARY PROCEDURES? _____ IF "YES", PLEASE EXPLAIN: _____

HOW DO YOU HIRE NEW EMPLOYEES (i.e. ADVERTISEMENT, REFERRAL, EMPLOYMENT OFFICE, ETC.)? _____

DESCRIBE YOUR DRIVER TRAINING AND QUALIFICATION PROCEDURES: _____

PRIOR LOSS EXPERIENCE AND COVERAGE INFORMATION

	Current Year	Prior Year	2nd Prior Year	3rd Prior Year
Insurance Carrier				
Number of Vehicles				
Liability Limits				
Total Annual Premium	\$	\$	\$	\$
• Auto Liability	\$	\$	\$	\$
• Physical Damage	\$	\$	\$	\$
Number of Claims				
Total Incurred	\$	\$	\$	\$
Valuation Date				

Please attach currently valued loss runs from your insurance carrier for each of the past four years. On any losses that exceed \$25,000.00 or involve a serious injury or fatality, we require a written explanation of events.

HAS YOUR INSURANCE EVER BEEN OBTAINED THROUGH AN ASSIGNED RISK PLAN? _____ IF "YES",

PLEASE EXPLAIN: _____

DURING THE PAST THREE YEARS, HAS ANY COMPANY CANCELLED OR REFUSED TO RENEW YOUR AUTOMOBILE INSURANCE COVERAGE? _____ IF "YES", PLEASE EXPLAIN: _____

I hereby understand that the completion of this application does not create express or implied obligation on the part of American Millennium Insurance Company to offer a quotation or provide insurance as requested within this application. I agree that if a policy is issued pursuant to this application and signed by me it shall become a part of the policy. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals the misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

A signed facsimile copy of this agreement may be used for all purposes as a signed original.

Signed at (City, State): _____ Date: _____

Signature of Applicant: _____ Title: _____