



SUPPLEMENTAL TAXI APPLICATION

1. GENERAL INFORMATION

Insured's Name: _____

Physical Location of Business: _____

Phone Number: _____

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: _____

Is this a new business? Yes No If no, how many years have you been in business? _____

2. BUSINESS OPERATIONS:

Type of business in which vehicles are used? Taxi Service Limousine Service

Provide names and addresses of regulatory authorities requiring filings:

What is the maximum radius of your operation? 0-50 miles 50-100 miles 100-over miles

Also, what is the average distance from the origination of passenger pickup to drop off? _____

To what cities do you travel? _____

Do you lease vehicles to others? Yes No If Yes, explain; All, Part (and %), and for what purpose?

Do you rent vehicles to others for their use? Yes No If Yes, explain; All, Part (and %) for what purpose?

Do you provide TAXI's to DRIVERS on a "DAILY" RENTAL BASIS? Yes No If Yes; (a) What are the No. #: _____

3. VEHICLE INFORMATION:

How many trips outside a 50 mile radius does each auto make during a week? # _____

How many miles per week is each auto driven on the average? # _____

How many TAXI's do you own? _____ How many LIMO's do you own? _____

Insured's Signature