

**TAXI SUPPLEMENTAL APPLICATION**

It is specifically represented that the statements in this application are true and correct.

**ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

**GENERAL INFORMATION**

Named Insured: \_\_\_\_\_

Federal Identification Number or Social Security Number: \_\_\_\_\_

Detailed description of your operations: \_\_\_\_\_

Association Memberships: TLPA\_\_NLA\_\_ Other (Describe)\_\_\_\_\_None\_\_\_\_\_

Are any filings required? Yes\_\_\_\_\_No\_\_\_\_\_ If yes, please provide the ICC/PUC docket number: \_\_\_\_\_

How many years has this organization been under the present name? \_\_\_\_\_

List all subsidiaries: \_\_\_\_\_

Years in business\_\_\_\_\_ If you are a new venture, have you ever driven for or been associated with any other passenger transportation company? Yes\_\_\_\_\_No\_\_\_\_\_ If yes, give name, address and dates: \_\_\_\_\_

What percentage of your business is dispatched? \_\_\_\_\_% Do you share dispatch services with any other company? Yes\_\_\_\_\_No\_\_\_\_\_ Please provide names of organizations that you have current contracts with to provide transportation services \_\_\_\_\_

Radius of operation: 0-50 Miles \_\_\_\_\_% 51-200 Miles \_\_\_\_\_% Over 200 Miles \_\_\_\_\_%  
List the cities in which you have operating authority: \_\_\_\_\_

Major Metropolitan Area(s) Served: \_\_\_\_\_

With a total of 100%, what percentage of your trips are: Airport \_\_\_\_\_% Corporate \_\_\_\_\_% Non-emergency medical \_\_\_\_\_% Disabled/Handicapped \_\_\_\_\_% School \_\_\_\_\_% Scheduled Shuttle Service \_\_\_\_\_% Other (please explain) \_\_\_\_\_% Are vehicles used for any other purpose other than transporting passengers for hire? If so, explain \_\_\_\_\_

Do you have a formal safety program? Yes\_\_\_\_\_ No\_\_\_\_\_

**VEHICLE INFORMATION**

How many vehicles do you own? \_\_\_\_\_

How many shifts do you run with your vehicles? \_\_\_\_\_

Are all vehicles both titled and registered to the named insured? Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, there must be a lease agreement between the Named Insured and the vehicle owner.**

Are all vehicles titled and/licensed in the State in which they operate? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide a copy of all vehicle registrations verifying ownership of scheduled vehicles. If applicable, provide lease agreements on all vehicles listed on the application/policy. The policy will only include those vehicles where the Named Insured owns the permits/medallions.**

Do you subcontract work to others? Yes \_\_\_\_\_ No \_\_\_\_\_ Are certificates of insurance obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

What limits of liability do you require? (Should be at least equal to your own.)

\$ \_\_\_\_\_

Do you have a written vehicle maintenance program? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicles are serviced on the following regular basis: 3,000 miles \_\_\_\_\_ Monthly \_\_\_\_\_

Semi-annually \_\_\_\_\_ Other \_\_\_\_\_

If other, please explain \_\_\_\_\_

Who provides the maintenance on your vehicles? \_\_\_\_\_

Are daily or pre-trip inspections made to the vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_

How often are the maintenance records reviewed by management? \_\_\_\_\_

How many plates are you registered to operate ? \_\_\_\_\_

At which airport(s), if any, do you pick up or deliver? \_\_\_\_\_

Are any of your taxis equipped with:

A. Lift out or Pull out Ramps? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Mechanical Lifts? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Wheelchair Passenger/Patient Safety Restraint System? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Vehicle Wheelchair Securing System? Yes \_\_\_\_\_ No \_\_\_\_\_

E. Ambulatory Passenger/Patient Safety Restraint System? Yes \_\_\_\_\_ No \_\_\_\_\_

**DRIVER INFORMATION**

Driver hiring criteria: Written application? Yes \_\_\_\_\_ or No \_\_\_\_\_  
Do you Review MVRs before hiring? Yes \_\_\_\_\_ or No \_\_\_\_\_  
Any age requirements for drivers? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are they \_\_\_\_\_  
Do you have a driver training program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you hold regular safety meetings? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how often? \_\_\_\_\_  
Are drivers trained to assist elderly/handicapped passengers? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have a drug testing policy? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are post accident drug testing procedures in place? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes to either or both questions, please give a brief description \_\_\_\_\_  
Are drivers employees or independent operators? \_\_\_\_\_  
Do you provide Workers Compensation Coverage on your drivers? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do the drivers take the vehicles home? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, are any of the vehicles used by family members? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide name, date of birth, and drivers license number: \_\_\_\_\_

Do you have a driver incentive program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Current number of drivers? \_\_\_\_\_ During the past year, how many drivers have you added? \_\_\_\_\_ Replaced? \_\_\_\_\_  
How often are drivers' MVRs checked? Annually \_\_\_\_\_ Semi-annually \_\_\_\_\_ Quarterly \_\_\_\_\_ After an accident \_\_\_\_\_  
Are MVRs obtained and reviewed prior to hiring new drivers? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are accident investigation and review procedures, including records, maintained? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do the review procedures include driver disciplinary procedures? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

The completion of this application creates no express or implied obligation on the part of the company or its manager to offer a quotation or provide insurance.

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 the person to criminal and civil penalties.

\_\_\_\_\_  
Signature of Insured Title Date

\_\_\_\_\_  
Producer's Signature Date

**COMPLETE SUBMISSION REQUIREMENTS:**

1. This supplemental application, signed by the insured.
2. Current applicable ACORD Applications for coverages desired. Vehicle schedule should include 17 digit VIN number, radius, length of stretched vehicles and number of passengers.
3. Minimum of 4 years of hard copy loss runs valued within the last 60 days. Include details on claims over \$10,000.
4. Current Drivers list and MVRs. Drivers list must include family members who have access to company vehicles.
5. Provide details regarding the changes in the fleet size over the past four years.

<u>Year</u>	<u>Number of Units</u>	<u>Premium Per Unit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____