

Public Livery Application

Policy Term From: _____ To _____

- Name (and "dba") _____
 Individual/Proprietorship Partnership Corporation Other _____ Business Phone Number _____
- Mailing Address _____ City _____ State _____ Zip _____
- Premises Address _____ City _____ State _____ Zip _____
- Person to contact for inspection (name and phone number) _____
- Have you had prior insurance? Yes No If yes, Policy Number(s) & Effective Date(s) _____

DESCRIPTION OF OPERATIONS

- Describe business _____
 Years experience _____ New Venture? Yes No
- Is this your primary business? Yes No If no, explain _____
 Is your business seasonal? Yes No Is your business for hire/for profit? Yes No
- Have you ever filed for Bankruptcy? Yes No If yes, when _____ Explain _____
- Gross receipts last year _____ Estimate for coming year _____ Business for sale? Yes No
- Do you operate in more than one state? Yes No If yes, list states _____
- What is the largest city entered within your radius of operation? _____

LIABILITY COVERAGE — Complete for desired coverages by indicating limits of insurance.

LIABILITY				Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED – REFER TO FOLLOWING PAGE. COMPLETE HIRED AND NON-OWNED SUPPLEMENT IF COVERAGE DESIRED.
Combined Single Limit BI & PD	Split Limits					
	Bodily Injury		Property Damage			
	Each Person	Each Accident	Each Accident			

APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.

DRIVER INFORMATION — If additional space is needed, attach separate listing.

	Driver's Name	Date of Birth	Driver's Licenses				Experience	
			State	Number	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	Type of Unit (Bus, Van, etc.)	No. of Years
1.								
2.								
3.								
4.								
5.								

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.)

12. What is the basis for driver(s) pay? Hourly _____ Trip _____ Mileage _____ Other, explain _____
13. Are drivers covered by Workers Compensation? Yes No Minimum years driving experience required _____
14. Are vehicles owner-driven only? Yes No Do you agree to report all newly hired operators? Yes No
15. Are drivers ever allowed to take vehicles home at night? Yes No If yes, will family members drive? Yes No
16. Do you order MVR's on all drivers prior to hiring? Yes No Driver's maximum driving hours _____ daily, _____ weekly

SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.

Veh. No.	Model Year	Vehicle Make	Body Type/Model	Full Vehicle Identification Number	Orig. Mfg. Seating Cap.	Principal Garaging Location (City & State)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags or (C) Wheelchair Lift
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

PURPOSE OF USE ABBREVIATION MUST BE SELECTED FOR EACH VEHICLE

Veh. No.	Purpose of Use	Length of Limo Stretch	AB Airport Bus or Van	APS Airport Parking/Rental Car Shuttle	AT Athlete Bus (a) Professional Athlete (b) Non-Professional Athlete	BB Bingo/Casino Bus	SBG Boy/Girl Scout Bus	CB Charter Bus (a) Interstate (b) Intrastate	CHB Church Bus	CTB City Transit Bus (Urban Bus)	CRB Courtesy Bus (a) Hotel (b) Medical (c) Other	DC Day Care/Day Nursery	ET Employee Transportation	ME Musician & Entertainer Bus (a) Professional Entertainer (b) Non-Professional Entertainer	MV Medivan/Medical Transport/Non-Emergency Ambulance (a) For Profit (b) Not For Profit	PT Prisoner Transfer	SB School Bus (a) Public Owned (b) Other (c) Private or Parochial Owned	SC Senior Citizens Center Auto	SH Shuttle (a) Tourist (b) Wilderness (c) All Other	SSB Sightseeing Bus	SKB Ski Bus	SSA Social Service Agency (a) Group Home (b) Other	TX Taxicab	TM Tram	T Trolley
1																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									

PHYSICAL DAMAGE COVERAGE — Complete spaces below in detail for each respective auto/vehicle described above.

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Equipment	Total Stated Amount to be Insured	Physical Damage Deductible	
						<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

17. Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee for each vehicle _____

LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab	Phys Dam	BI	PD	Comp/Coll	Other
/ /	/ /									
/ /	/ /									
/ /	/ /									

18. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____
19. Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes No
If yes, explain _____
20. Is the transportation of people your primary business? Yes No Are vehicles leased to drivers? Yes No
21. Do you transport physically disabled individuals? Yes No If yes, what percentage of the time? _____
22. Are vehicles equipped with fare box or meter? Yes No Do you have a scheduled route? Yes No
23. Do you ever transport unscheduled passengers? Yes No Minimum number of hours rented _____ Minimum charge _____
24. Number of vehicles owned Limos _____ Vans _____ Buses _____ Other _____
25. Number of vehicles leased Limos _____ Vans _____ Buses _____ Other _____

FILING INFORMATION

26. Is an FHWA filing required? Yes No If yes, MC number _____
What authority do you have? Broker Common Contract
27. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____
28. If you are an interstate regulated carrier, identify your registration or base state _____
29. Is an intrastate filing needed? Yes No If yes, show state and permit number _____
30. Show exact name and address in which permits are issued _____
31. Is MCS 90 endorsement needed? Yes No
32. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____
33. Do you enter Canada? Yes No Do you enter Mexico? Yes No If yes, where _____

34. Have you ever changed your operating name? Yes No Do you operate under any other name? Yes No
35. Do you operate as a subsidiary of another company? Yes No
36. Do you own or manage any other transportation operations that are not covered? Yes No
37. Do you lease your authority? Yes No Do you appoint agents or hire independent contractors to operate on your behalf? Yes No
38. Have you purchased, sold or applied for authority over the past 3 years? Yes No
39. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? Yes No
40. Is evidence/certificate(s) of coverage required? Yes No
41. Please explain any "yes" answer to questions 34 through 40 _____

42. Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers? Yes No
If yes, attach a copy of current agreements and complete the following:
(a) With whom has such agreement(s) been made? _____
(b) Do the parties named in (a) carry automobile liability insurance? Yes No
If yes, name of insurance company and limits of liability (Bodily Injury & Property Damage) _____
(c) Under whose permit does each of the parties to the agreement(s) operate? _____
(d) Is there a hold harmless in the agreement(s)? Yes No
43. Do you barter, hire or lease any vehicles? Yes No If yes, explain _____
44. Additional comments: _____

CALIFORNIA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM

DO NOT SIGN UNTIL YOU READ

Uninsured Motorists Coverage – Option to Reject

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

Uninsured Motorists Coverage – Option to Select Lower Limits

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

Uninsured Motorists Property Damage Coverage Where Policy Includes Collision Coverage

If Uninsured Motorists Coverage is not deleted and the policy of motor vehicle liability insurance includes collision coverage, the California Insurance Code requires an insurer to offer coverage which provides that the deductible amount, if any, to be paid by the named insured under the collision coverage shall be payable by the insurer in the event of collision involving a vehicle owned by the named insured and insured under the policy, and an uninsured motor vehicle. The named insured may elect not to accept the coverage or may waive this coverage when a motor vehicle is used or operated by a person or persons designated by name.

Uninsured Motorists Property Damage Coverage Where Policy Does Not Include Collision Coverage

If Uninsured Motorists Coverage is not deleted and the policy of motor vehicle liability insurance does not include collision coverage, the California Insurance Code requires an insurer to offer coverage for property damage to an insured motor vehicle, but not including personal property contained therein, caused by the owner or operator of an uninsured motor vehicle. However, this requirement does not apply to a "commercial vehicle" as defined in California Insurance Code Section 260. As used in this paragraph "property damage" means payment for loss or damage to the insured motor vehicle resulting from collision, not to exceed its actual cash value or three thousand five hundred dollars (\$3,500), whichever is less, for which loss or damage the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle. Property damage does not include compensation for loss of use of the motor vehicle. The named insured may elect not to accept the coverage or may waive this coverage when a non-commercial vehicle is used or operated by a person or persons designated by name.

The options that you requested for Uninsured Motorist Coverage are reproduced on the next page. **These options determined your policy premium, but you may change them. Changing the selections may result in changes to your premium.** To make changes contact your agent.


The Named Insured selects the following (applicable item marked


- Rejection of Uninsured Motorists Coverage in its entirety
- Selection of Uninsured Motorist Coverage at the limits shown below, which do not exceed the Liability Bodily Injury limit(s):
 - Split Limits:
 - \$ _____ Bodily Injury per person
 - \$ _____ Bodily Injury per accident
 - Combined Single Limit (BI only):
 - \$ _____ Bodily Injury per accident


Uninsured Motorist Property Damage Coverage (Select if UM Coverage is not rejected)

- On those vehicles which have Collision coverage through this policy, by checking this box I elect to have the insurance company waive my Collision deductible for collisions between an insured motor vehicle and an uninsured motor vehicle. I understand that this election will cost additional premium. If this box is unchecked then my Collision deductible will apply for collisions between an insured motor vehicle and an uninsured motor vehicle.
- On those vehicles which do not have Collision coverage through this policy, by checking this box I elect to purchase Uninsured Motorist Property Damage coverage as previously described on those eligible insured vehicles. I understand that this election will cost additional premium. Uninsured Motorist Property Damage coverage is not available on any "commercial vehicle," as defined in California Insurance Code section 260, and will not be provided on such insured vehicles even if this box is checked. If this box is unchecked then I reject Uninsured Motorist Property Damage coverage on all insured vehicles without Collision coverage.

I UNDERSTAND THAT THE OPTIONS I HAVE SELECTED WILL APPLY TO ALL SUBSEQUENT RENEWALS OF COVERAGE, AND TO ALL POLICIES OR ENDORSEMENTS WHICH EXTEND, CHANGE, SUPERSEDE OR REPLACE AN EXISTING POLICY ISSUED TO THE NAMED INSURED UNLESS CHANGED IN WRITING BY ANY NAMED INSURED.

 _____
Signature of Named Insured or representative

 _____
Title

 _____
Date

Policy Number

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

Witness Signature

Applicant's Signature

Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.