

**AMTRUST NORTH AMERICA  
KF&B TAXI  
Underwriter Risk Evaluation Form**

**Date Completed:**

Name of Insured:	
DBA if Applicable:	
Mailing Address:	
Dispatch/Garaging Location:	
Contact Name, Title, Phone #:	
Number of years in business:	
Town(s)/City(s) where majority of services are provided:	
Taxi Medallion Number ( if applicable):	
List Cities in which you have operating authority:	
List Airports where you pick up or deliver.	
List other companies you share dispatch services with.	
Radius of operation - %:	0-50mi _____; 51-200mi _____; Over 200mi _____
Organization:	<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____
What % of trips are:	Airport _____%;                      Dispatched _____%                      Other _____% Medical _____%;                      Disabled/Handicapped _____%                      Non-Emergency _____%
If any disabled/handicapped transport, provide detail of unit equipment used	
<b>LIST ALL SUBSIDIARIES:</b>	

<b>HOURS OF OPERATION:</b>			<b>NUMBER OF SHIFTS:</b>			<b>NUMBER OF DAYS OPEN:</b>		
Number of Locations:			Management Experience:					
How long in this type of business: _____ Years			How many years has this organization been under the present name?					
			Gross Receipts Last Year: \$			Estimated Gross Receipts coming Year: \$		
<b>Description of work activities/work duties performed</b>				<b>Number of Employees</b>				
				Full Time		Part Time		
<b>Clerical/Administrative</b>								
<b>Independent Contractors</b>								
<b>Employed Drivers</b>								

Application(s) on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe Member Agreement:	<input type="checkbox"/> Union	<input type="checkbox"/> Non Union
Reference Checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:		
Detailed Job Descriptions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:		
Employee Handbook?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:		
Written Drug/Alcohol Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:		

Number & Type of Vehicle	Sedans: _____	Mini Vans: _____	Full-Size Vans: _____
Stretch Limousines: _____	Mini Buses: _____	Full Size Coaches: _____	See Vehicle List Provided- _____
Personal Autos used for Company Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____
Describe Vehicle Replacement Protocol: _____			
Number of Drivers: Total: _____	Full Time: _____	Part Time/Incidental: _____	
Under 18 Years: _____	18-25 Years: _____	Over65 Years: _____	Annual Turnover Rate: _____ %

### Risk Management Matrix -

This Column is for Underwriter Use Only	Above Average	Average	Below Average
<b>Safety Organization</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> Qualified Fleet Safety Manager <input type="checkbox"/> Safety Committee <input type="checkbox"/> Full review of fleet accidents	<input type="checkbox"/> Responsibility assigned to a company officer <input type="checkbox"/> Management completes a formal review of fleet accidents	<input type="checkbox"/> Accidents are reviewed by staff vs. management <input type="checkbox"/> Safety responsibility not assigned <input type="checkbox"/> No accident review
<b>Driver Qualification</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> Written application <input type="checkbox"/> Full drug program <input type="checkbox"/> Valid driver's license <input type="checkbox"/> Road test <input type="checkbox"/> Evidence of driving ability	<input type="checkbox"/> Written application <input type="checkbox"/> Drug program only after loss <input type="checkbox"/> Valid driver's license <input type="checkbox"/> Evidence of driving ability	<input type="checkbox"/> Written application <input type="checkbox"/> No drug program <input type="checkbox"/> No road test <input type="checkbox"/> Nothing
<b>Drug Screening</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> At hire <input type="checkbox"/> Random <input type="checkbox"/> Post accident <input type="checkbox"/> Reasonable cause	<input type="checkbox"/> At hire <input type="checkbox"/> Randomly <input type="checkbox"/> Post incident	<input type="checkbox"/> Policy with no testing <input type="checkbox"/> No policy
<b>MVR</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> Semi-annual Review by Company <input type="checkbox"/> At hire <input type="checkbox"/> MVR Review Criteria	<input type="checkbox"/> Annual Review by Company <input type="checkbox"/> At hire <input type="checkbox"/> MVR Review Criteria	<input type="checkbox"/> Agent orders MVR & Reviews <input type="checkbox"/> Carrier runs at renewal <input type="checkbox"/> No MVR Criteria <input type="checkbox"/> No MVR procedure
<b>Accident Investigation</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> Accident Review Board <input type="checkbox"/> Full investigation by management <input type="checkbox"/> Formal interview of driver <input type="checkbox"/> Preventability determined <input type="checkbox"/> Accident Event Recorders (Video Camera)	<input type="checkbox"/> Investigation by supervisor <input type="checkbox"/> Written report that determines cause <input type="checkbox"/> Preventability determined	<input type="checkbox"/> Informal discussion <input type="checkbox"/> Informal investigation <input type="checkbox"/> No investigation
<b>Vehicle Maintenance</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> Formal documentation of maintenance <input type="checkbox"/> Scheduled PM on time / mileage basis <input type="checkbox"/> Written quarterly inspections <input type="checkbox"/> Certified Mechanics <input type="checkbox"/> Formal vehicle replacement program <input type="checkbox"/> Written daily inspections by driver	<input type="checkbox"/> Formal documentation of maintenance <input type="checkbox"/> Scheduled PM on time / mileage basis <input type="checkbox"/> Visual daily inspection by driver	<input type="checkbox"/> Informal maintenance schedule <input type="checkbox"/> Driver responsible for maintenance <input type="checkbox"/> No maintenance program

This Column is for Underwriter Use Only	Above Average	Average	Below Average
<b>Routing &amp; Schedule</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> Planned route with dispatcher <input type="checkbox"/> Units equipped with GPS	<input type="checkbox"/> Planned routes <input type="checkbox"/> Unplanned routes w/dispatcher	<input type="checkbox"/> Unplanned routes <input type="checkbox"/> Unplanned routes with time constraints
<b>Driver Training</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> Formal semi-annual retraining <input type="checkbox"/> Monthly safety communication <input type="checkbox"/> Post accident driver retraining <input type="checkbox"/> Training at hire <input type="checkbox"/> Formal incentive program	<input type="checkbox"/> Formal annual retraining <input type="checkbox"/> Safety communication <input type="checkbox"/> Post accident review with driver <input type="checkbox"/> Incentive program	<input type="checkbox"/> Limited Training <input type="checkbox"/> Informal Safety Communication <input type="checkbox"/> No training
<b>Personal Use</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> No personal use allowed	<input type="checkbox"/> Limited personal use – Driver only and no unauthorized passengers.	<input type="checkbox"/> Personal use allowed
<b>Vehicle Security</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> Guard or Central Station Alarm for storage area <input type="checkbox"/> Vehicle locator system in vehicle <input type="checkbox"/> Anti-theft devices used	<input type="checkbox"/> Inside fenced storage yard <input type="checkbox"/> Key control	<input type="checkbox"/> Unsecured storage <input type="checkbox"/> Storage at drivers' residences <input type="checkbox"/> Storage area subject to vandalism / theft
<b>Mgmt Interest</b> <b>Overall Rating</b> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/>	<input type="checkbox"/> Mgmt demonstrates a thorough commitment to loss control with formal effective programs	<input type="checkbox"/> Mgmt programs are not 100% formal, but effective in controlling losses	<input type="checkbox"/> Mgmt is aware of program deficiencies, and has agreed to implement LC recs. (potential to be average) <input type="checkbox"/> Mgmt does not demonstrate an active role in the identification and control of hazards
<b>Overall Rating for the Risk</b> Above Average <input type="checkbox"/> <b>(Underwriter Use Only)</b> Average <input type="checkbox"/> Below Average <input type="checkbox"/>			
<b>Comments</b>			

\_\_\_\_\_  
Named Insured Signature

\_\_\_\_\_  
Print Named Insured

\_\_\_\_\_  
Date