

- If yes, are they garaged? On Street Off Street
3. Are vehicles serviced and inspected? Yes No
 If yes, by whom? How often?
4. Do you own or operate any equipment not listed on the schedule? Yes No
 If yes, please explain:
5. Are your vehicles equipped with a two-way radio? Yes No
 If yes, what are the radios used for?
6. Do you have Drive-Cam or any other recording devices on your vehicles? Drive Cam Other:
7. Are all your conversion vehicles QVM certified? Yes No
 If yes, by whom? If no, please explain:
8. What was your longest round-trip destination in the last twelve (12) months?
9. What are your three (3) most frequent destinations and percentage of trips to those destinations:
- | | Destination | Percentage |
|-------------|-------------|------------|
| City/State: | | % |
| City/State: | | % |
| City/State: | | % |
10. What percentage of your trip[s] are Airport: % Corporate: % Weddings/Funerals : %
Prom / Night-on-the-Town: %
Other: % Describe:
11. What percentage of your reservations are made twenty-four (24) hours in advance? %
12. Do your vehicles ever transport professional athletic teams or entertainment groups? Yes No
 If yes, please explain:
13. What is your expected Cost of Hire for hired autos next year: \$
14. Do you lease vehicles from others? Yes No
 If yes, what percentage: %
15. Do you lease your vehicles out to others? Yes No
 If yes, what percentage: %
16. If you use owner-operators, do you request to be added to their policy as an additional insured? Yes No

DRIVER INFORMATION

1. Within the last twelve (12) months, how many drivers have you replaced: Added:
2. Do your driver selection procedures include drug testing? Yes No
3. What is the minimum age of drivers? What is the maximum age of drivers?
4. Do you have a driver recruitment program? Yes No
 If yes, please explain:
5. Do you provide Workers' Compensation coverage for all your drivers and all other employees? Yes No
 If yes, specify insurance carrier:
 If no, provide an explanation:
6. Are all drivers your employees? Yes No
 If no, provide an explanation:

PRIOR INSURANCE HISTORY*

POLICY PERIOD			INSURANCE COMPANY	NO. OF LIMOS OPERATED	PREMIUM			LOSS HISTORY	
MO	DAY	YR			AUTO LIABILITY	PHYSICAL DAMAGE	GENERAL LIABILITY	TOTAL \$ INCURRED	NO. OF CLAIMS

**Please attach details of all losses that exceeded \$25,000 as well as any gaps in insurance coverage.*

1. Is your present policy being cancelled or non-renewed? If yes, please explain: Yes No
2. Has your insurance ever been obtained through an Assigned Risk Plan? Yes No
If yes, please explain:
3. Have you ever filed or are planning to file for reorganization or bankruptcy? Yes No
4. Provide the name(s) of any public transportation entity(ies) not covered under this application in which the named insured or any of its officers, directors, partners, or stockholders have a direct or indirect ownership interest:
5. Except for encumbrances, are all autos owned by, leased to, or registered to you? Yes No
If no, please explain:
6. Please explain any prior gaps in insurance coverage:

VEHICLE SCHEDULE

#:	Year:	Make:	Model:	GVWR:
Radius:		Color:	Length of Stretch:	Number of Passengers:
Garage Location:				VIN:
Value: Cost New \$		or	Stated Value \$	Personal Use? Yes No
Comprehensive Coverage: \$1,000		\$2,500	Collision Coverage: \$1,000	\$2,500
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:

#:	Year:	Make:	Model:	GVWR:
Radius:		Color:	Length of Stretch:	Number of Passengers:
Garage Location:				VIN:
Value: Cost New \$		or	Stated Value \$	Personal Use? Yes No
Comprehensive Coverage: \$1,000		\$2,500	Collision Coverage: \$1,000	\$2,500
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:

#:	Year:	Make:	Model:	GVWR:
Radius:		Color:	Length of Stretch:	Number of Passengers:
Garage Location:				VIN:
Value: Cost New \$		or	Stated Value \$	Personal Use? Yes No
Comprehensive Coverage: \$1,000		\$2,500	Collision Coverage: \$1,000	\$2,500
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:

#:	Year:	Make:	Model:	GVWR:
Radius:		Color:	Length of Stretch:	Number of Passengers:
Garage Location:				VIN:
Value: Cost New \$		or	Stated Value \$	Personal Use? Yes No
Comprehensive Coverage: \$1,000		\$2,500	Collision Coverage: \$1,000	\$2,500
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:

#:	Year:	Make:	Model:	GVWR:
Radius:		Color:	Length of Stretch:	Number of Passengers:
Garage Location:				VIN:
Value: Cost New \$		or	Stated Value \$	Personal Use? Yes No
Comprehensive Coverage: \$1,000		\$2,500	Collision Coverage: \$1,000	\$2,500
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch:	Number of Passengers:	
Garage Location:			VIN:	
Value:Cost New \$	or	Stated Value \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch:	Number of Passengers:	
Garage Location:			VIN:	
Value:Cost New: \$	or	Stated Value: \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch:	Number of Passengers:	
Garage Location:			VIN:	
Value:Cost New \$	or	Stated Value: \$	Personal Use?	Yes No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000 \$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:	

LIEN HOLDER SCHEDULE

Loss Payee	Additional Insured	Vehicle Number for App Schedule:		
Entity Name:		City:	State:	Zip:
Address:		Contact:		
Phone:	Fax:			

Loss Payee	Additional Insured	Vehicle Number for App Schedule:		
Entity Name:		City:	State:	Zip:
Address:		Contact:		
Phone:	Fax:			

Loss Payee	Additional Insured	Vehicle Number for App Schedule:		
Entity Name:		City:	State:	Zip:
Address:		Contact:		
Phone:	Fax:			

Loss Payee	Additional Insured	Vehicle Number for App Schedule:		
Entity Name:		City:	State:	Zip:
Address:		Contact:		
Phone:	Fax:			

Loss Payee	Additional Insured	Vehicle Number for App Schedule:		
Entity Name:		City:	State:	Zip:
Address:		Contact:		
Phone:	Fax:			

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
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DRIVER INFORMATION SCHEDULE

Please include ALL drivers for Named Insured

No.	Name as it Appears on Drivers License	Street Address City, State, Zip	Date of Birth	Drivers License Number	Date of Hire	No. Yrs Driving Limos	Full or Part Time
1							
2							
3							
4							
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FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "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."

RESIDENTS OF LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO, OR EXECUTIVE DIRECTOR)

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)