**Insurance Application – Non Emergency Medical Transportation, Limousine, Taxi**

**PLEASE PRINT NEATLY**

**Attach Separately:** (quotes only provided upon receipt of a complete application package)

|  |
| --- |
| [ ]  Public Auto Supplemental Application[ ]  Driver List (example below)[ ]  Vehicle List (example below)[ ]  MVRs of your drivers, or a representative sample of MVRs[ ]  If in business less than three years, a paragraph of owner(s) prior related experience[ ]  5 Year, currently valued Loss Runs. (Ask your existing insurance agent/company for these and they should have them to you within 24 hours. If in business less than five years, send what you have. If no prior insurance, ignore.) |

**General Information:**

|  |  |
| --- | --- |
| Business Name:        | Contact Name:       |
| [ ]  Corp [ ]  LLC [ ]  Partnership [ ]  Sole Prop. [ ]  Other:       |
| Phone:       | Fax:       | Email:       |
| Mailing Address:       |
| Website Address:       |
| FEIN (or SSN if proprietorship):       | In Business Since:       |
| Contracted With: [ ] Logisticare [ ] MTM [ ] Southeastrans [ ] UBER [ ] Other:       |
| Describe ALL services you provide:       |
| Prior Insurance? [ ]  Yes [ ]  No  | Current Insurance Company(s):       |

**Business Auto:** [ ]  Do not quote Insurance Effective Date:

|  |
| --- |
| Coverage Limits: |
| Liability [ ] $500,000 [ ] $1,000,000 [ ] $1,500,000 [ ] Other: $     Uninsured Motorists (UM): [ ] $500,000 [ ] $1,000,000 [ ] $1,500,000 [ ] Other: $     Underinsured Motorists (UIM) [ ] $500,000 [ ] $1,000,000 [ ] $1,500,000 [ ] Other: $     Medical [ ] $2,000 [ ] $5,000 [ ] $10,000 [ ] Other: $     PIP (if available in your state) [ ] $2,000 [ ] $5,000 [ ] $10,000 [ ] Other: $     Physical Damage Deductible: [ ] $500 [ ] $1,000 [ ] $2,500 [ ] Other: $      |
| Garaging address (if different than mailing):       |
| Any other vehicles owned but not listed? [ ]  Yes [ ]  No |
| Cities where you operate:       | Radius in miles:       |

|  |
| --- |
| Internal Use Only:[ ] 1 Any Auto [x] 2 All Owned Autos [ ] 7 Listed Autos [x] 8 Hired Autos [x] 9 Non-owned Autos |

**General Liability:** [ ]  Do not quote Insurance Effective Date:

|  |
| --- |
| Coverage Limits: Code 40031  |
| Liability (each accident) [ ] $500,000 [ ] $1,000,000 [ ] $1,500,000 [ ] Other: $     Liability (aggregate/total) [ ] $500,000 [ ] $1,000,000 [ ] $1,500,000 [ ] Other: $     Abuse and Molestation [ ] $500,000 [ ] $1,000,000 [ ] $1,500,000 [ ] Other: $     Damage to Premises Rented [ ] $50,000 [ ] $100,000 [ ] $200,000 [ ] Other: $      |
| Number of Drivers and Attendants:       |
| Total number of round trips/calls per year:       |

**Umbrella Liability:** [ ]  Do not quote Insurance Effective Date:

|  |
| --- |
| Coverage Limits: [ ] $1,000,000 [ ] $2,000,000 [ ] $3,000,000 [ ] Other: $      |

**Workers’ Compensation**  [ ]  Do not quote Insurance Effective Date:

|  |  |
| --- | --- |
| Does your company provide health plans?       | Any out of state travel?       |
| Do you subcontract out any driving? If subcontracted, do you obtain certificates of insurance?       |
| Explain hiring procedures (written application, physical, drug test, MVR review, etc.):       |
| Any employees under 16 or over 60?       |
| Yearly payroll estimates of all drivers and subcontractors (NOT including owners):Drivers: $      Clerical: $      |
| Owner Information: |
| Name | Date of Birth | Title | Ownership | Include or Exclude? | Payroll Estimate |
|       |       |       |      % |       | $      |
|       |       |       |      % |       | $      |
|       |       |       |      % |       | $      |
|       |       |       |      % |       | $      |
| Attach separately:[ ]  Experience Modification Worksheet |

Printed Name:       Signature: Date:

**Vehicle List**

Attach only if quoting **Business Auto**. Use this form or attach a copy from your existing policy.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | ADA Compliance | Accident Avoidance Technology | Insurance |
|  | Year | Make | Model | VIN | Total$ Value | Seating Capacity\* | Ramp? | Lift? | Wheelchair Safety Restraint System? | Auto Braking Sensor? | Driver Seat Vibration Or Alarm? | GPS Unit? | In-VehicleCamera? | Liability | Comp? | Collision? | Med? | PIP? |
| 1 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 11 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 12 |       |       |       |       | $      |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  |

\* Include driver in seating capacity.

**Driver List**

Attach only if quoting **Business Auto**. Use this form or attach a copy from your existing policy.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Date of Birth | License # | State Licensed: | Years Experience | # of Traffic Violations\* |
| 1 |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |
| 13 |       |       |       |       |       |       |
| 14 |       |       |       |       |       |       |

\* Attach MVRs from your file