**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**Business Auto:**  Do not quote Insurance Effective Date: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 2 All Owned Autos 7 Listed Autos 8 Hired Autos 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**General Liability:**  Do not quote Insurance Effective Date: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**Umbrella Liability:**  Do not quote Insurance Effective Date: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-Vehicle  Camera? | Liability | Comp? | Collision? | Med? | PIP? |
| 1 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  | $ |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* 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