BANKERS INSURANCE LLC
Insuring today to ensure tomorrow.

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Business Auto: ☐ Do not quote   Insurance Effective Date: _____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:

Do you subcontract out any driving? ☐ Yes ☐ No
If yes: Annual Cost: $ Do you obtain certificates of insurance? ☐ Yes ☐ No

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Internal Use Only:
☐ 1 Any Auto ☐ 2 All Owned Autos ☐ 7 Listed Autos ☐ 8 Hired Autos ☐ 9 Non-owned Autos

Email or Fax this form to Bankers Insurance LLC
Phone: 888-436-4584 ● Fax: 757-442-4149
Email: Transportation@BankersInsurance.net ● Web: www.BankersInsurance.net

General Liability: ☐ Do not quote   Insurance Effective Date: _____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: _____

Do you provide health plans?	Any out of state travel?

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	Percent Ownership (%)	Include or Exclude?	Payroll Estimate ($)

Attach separately:
☐ Experience Modification Worksheet

Printed Name: _____   Signature: _____   Date: _____

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Vehicle List

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

	Year	Make	Model	VIN	Total $ Value	Seating Capacity*	ADA Compliance			Accident Avoidance Technology				Insurance			
							Ramp	Lift	Wheelchair Safety Restraint System	Auto Braking Sensor	Driver Seat Vibration or Alarm	GPS	Dash Cam	Liab	Comp	Coll	Med/ PIP
1							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
2							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
3							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
4							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
5							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
6							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
7							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
8							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
9							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
10							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
11							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐
12							☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐

* Include driver in seating capacity.

Liab = Liability
Comp = Comprehensive
Coll = Collision
Med = Medical Payments
PIP = Personal Injury Protection

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Driver List

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	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

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