It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to American Country Insurance Company, American Service Insurance Company, Inc., Gateway Insurance Company, and Alano Insurance Company (collectively, the “Company”) and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk.

**ANY MISREPRESENTATIONS OF STATEMENTS MAY VOID THE POLICY**

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| **AGENCY/PRODUCER INFORMATION** | | |
| **Agency:**  **Bankers Insurance LLC** | | **Agency’s Phone Number:**  **888-436-4584** |
| **Producer:**  **Bankers Insurance LLC** | | **Producer’s Phone Number:**  **888-436-4584** |
| **BASIC INFORMATION** | | |
| **Company Name:** | | **FEIN or SSN:** |
| **Detailed description of insured’s operations:** | | **Business Website Address, If Applicable:** |
| **Association Memberships:**  **TLPA**  **NLA**  **None**  **Other** ***(describe)*** | | |
| **Are any filings required?**  Yes No | **If “Yes” provide ICC/PUC docket #:** | |
| **How many years have you been in business?** |  | |
| **If you are a new venture, have you ever driven for, or have you been associated with any other passenger transportation company?** Yes  No | **If “Yes” give name, address, and dates:** | |
| **What % of business is dispatched?** | **Are dispatch services shared with any other company?**  Yes No | |
| **Please provide names of organizations with which you have current contracts to provide transportation services:** | | |
| **List the cities in which you have operating authority:** | **Major metropolitan area(s) served:** | |
| **At which airport(s), if any, do you pick up or deliver?** | | |
| **What percentage of your trips are *(total 100%):***  % Airport  % Corporate  % School  % Wedding  % Prom  % Night-Out  % Funeral  % Non-Emergency Medical  % Disabled/Handicapped  % Scheduled Shuttle Service  % Other (please explain): | | |
| **Are vehicles used for any purpose other than passenger transportation for hire?**  Yes  No | **If “Yes” please explain:** | |
| **For airport trips (total 100%):**  % Hotel/Motel  % Other Passenger Stations | **Are customers accepted on a pre-arranged basis?**  Yes  No | |
| **Do you ever transport unscheduled passengers?**  Yes  No | **If “Yes” please explain:** | |
| **Are alcoholic beverages sold in the passenger compartment?**  Yes  No | **Do you provide “complimentary” alcoholic beverages?**  Yes  No | |
| **If “Yes” to either of the above, please explain:** | | |

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| **VEHICLE INFORMATION** | | | |
| **How many vehicles do you own?** | **How many shifts do you run with your vehicles?** | | |
| **Are all vehicles both titled and registered to the named insured?**  Yes  No\*\*\* | | | |
| ***\*\*\*if no, there must be a lease agreement between the named insured and the vehicle owner\*\*\**** | | | |
| **Are all vehicles titled / licensed in the state in which they operate?**  Yes  No | | | |
| ***Please provide a copy of all vehicle registrations, verifying ownership of scheduled vehicles***  ***If applicable, provide lease agreements on all vehicles listed on the application/policy.*** | | | |
| **Do you subcontract work to others?**  Yes  No | **If Yes, are certificates of insurance obtained?**  Yes  No | | |
| **If Yes, what limits of liability do you require? (Equal to/greater than current coverage)** $ | | | |
| **Do you have a written vehicle maintenance program?  Yes  No** | | | |
| ***Please Note: Physical damage is NOT available for salvaged vehicles.*** | | | |
| Vehicles are serviced on the following regular basis:  3,000 miles  Monthly  Semi-annually  Other (please explain) | | | |
| **Are daily or pre-trip inspections made to the vehicles?**  Yes  No | **How often are maintenance records reviewed by management?** | | |
| **How many plates are you registered to operate?**  **Limo (*8 passengers or less)*** **Stretch Limo *(9+ passengers)*       Taxi**  **Non-Emergency Medical       Charter Bus       All Other Bus Service       Airport Bus/Limo** | | | |
| **How many vehicles have meters?** | | | |
| **Do you accept fares utilizing any type of passenger-hailing mobile application?** *(e.g. Uber, Hailo)* Yes  No | | | |
| **SPECIAL EQUIPMENT  *Please attach vehicle schedule listing all vehicles, and indicating those with special equipment.*** | | | |
| **Do the insured vehicles have the following equipment?:** | | | ***If “Yes,” indicate the number of vehicles with this type of equipment below:*** |
| * Lift-Out/Pull-Out Ramps | | Yes  No | **If “Yes” ⇨ # of Vehicles:** |
| * Mechanical Lifts | | Yes  No | **If “Yes” ⇨ # of Vehicles:** |
| * Wheelchair Passenger/Patient Safety Restraint System | | Yes  No | **If “Yes” ⇨ # of Vehicles:** |
| * Automatic Braking Sensor, or Any Other Type of *Active* Accident-Avoidance Technology? | | Yes  No | **If “Yes” ⇨ # of Vehicles:** |
| * Driver’s Seat Vibration or Audible Alarm, or Any Other Type of *Passive* Accident-Avoidance Technology? | | Yes  No | **If “Yes” ⇨ # of Vehicles:** |
| * GPS | | Yes  No | **If “Yes” ⇨ # of Vehicles:** |
| * In-Vehicle Camera | | Yes  No | **If “Yes” ⇨ # of Vehicles:** |

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| **DRIVER INFORMATION** | | | | | | |
| **Driver hiring criteria:** | **Written application?**  Yes  No | | | | **Do you review MVRs before hiring?**  Yes  No | |
| **How often are driver MVRs checked?**  Annually  Semi-Annually  Quarterly  After Accident | | | | | | |
| **What is the minimum age requirement for drivers?** | | | | | | |
| **Do you have a driver training program?**  Yes  No | | | **Do you hold regular safety meetings?**  Yes No  **If yes, how often?** | | | |
| **Are drivers trained to assist elderly and/or handicapped passengers?**  Yes  No | | | | | | |
| **Do you have a drug testing policy?**  Yes  No | | | **Briefly Describe:** | | | |
| **Is a post-accident drug testing policy in place?** Yes No | | | **Briefly Describe:** | | | |
| **Are your drivers employees of your company or independent operators?**  Employees  Independent Operators | | | | | | |
| **Do you provide Workers Compensation Coverage for your drivers?**  Yes  No | | | | | | |
| **Do the drivers take any vehicles home?**  Yes No | | **If “Yes” are any of the vehicles used by family members?**  Yes No | | | | |
| **If “Yes” provide name, date of birth, and driver’s license number:** | | | | | | |
| **Do you have a driver incentive program?**  Yes  No | | **If “Yes” please describe:** | | | | |
| **Current number of drivers:** | | **In the past year how many drivers did you Add:** **Replace:** | | | | |
| **Are accident investigation and review procedures, including records, maintained?**  Yes No | | | | | | |
| **Do the review procedures include driver disciplinary procedures?** Yes  No | | | | **If “Yes” please explain:** | | |
|  | | | | | | |
| ***The completion of this supplemental application creates no express or implied obligation on the part of the company or its manager to offer a quotation or provide insurance.*** | | | | | | |
| ***Signature of Insured:*** | | | | ***Title:*** | | ***Date:*** |
| ***Producer’s Signature:*** | | | | ***Date:*** | | |

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| **COMPLETE SUBMISSION REQUIREMENTS:** | |
| 1. Current applicable ACORD Applications for coverage desired. Vehicle schedule should include 17-digit Vehicle Identification Number (VIN), radius, length of stretched vehicles and number of passengers. 2. This supplemental application, signed by the insured. 3. Description of why the account is an opportunity, and what we can do to satisfy your needs. 4. Minimum of 4 years of hard copy loss runs valued within the last 60 days. Include details on claims over $10,000. 5. Current drivers list and MVRs. Drivers list must include family members who have access to company vehicles. | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No |

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| **PROVIDE DETAILS REGARDING CHANGES IN FLEET SIZE OVER THE PAST FOUR YEARS:** | | |
| **Year** | **Number of Units** | **Premium Per Unit** |
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