

SUPPLEMENTAL LIMOUSINE QUESTIONNAIRE

Applicant's Business Name: _____ F.E.I.N.: _____

Describe your operations in **detail**. _____

The Agent/Broker controlling this account is : _____

GENERAL INFORMATION

Full Time Employees:

Part Time Employees:

Advise percent of business from: Weddings _____ Proms _____ Corp. Accts. _____ Airports _____ Other _____

Is the company safety policy up to date and being provided to all drivers? Yes No

Is your drug policy statement given to each new hire? Yes No

Is a copy of the Employee Assistance Program given to each new hire? Yes No

Is ICC, PUC, DOT or other filings needed? Yes No

Are Customers accepted on a pre-arranged basis? Yes No

Are all units you own and operate scheduled on this Application? If **no**, please explain: Yes No

Has insurance ever been obtained through the Assigned Risk Plan? No Yes

Do you own all vehicles scheduled on this Application. If **no**, please explain: No Yes

Are fuel storage tanks on your premises? No Yes

Is this a "black car" operation? No Yes

Do your vehicles have meters or fare boxes? No Yes

Does any vehicle pick-up, transport and discharge passengers at frequent local stops along a prescribed route? No Yes
 If yes, fully describe services: _____

Do you share dispatch services with any other company? No Yes

Are alcoholic beverages served in the passenger compartment? No Yes

Do you ever transport unscheduled passengers? No Yes
 If yes, explain fully: _____

POLICY PERIOD	YEAR	MILEAGE	GROSS RECEIPTS	PAYROLL	# REVENUE UNITS
Proposed					
Current					
1 st Prior					
2 nd Prior					
3 rd Prior					

DRIVER SUPERVISION

Would you know if a driver's license is suspended? Yes No

Do employees take vehicles home: No Yes
 If yes, does your company have a written policy to prohibit operation by household members? Yes No

List below your ESTIMATED mileage, gross receipts, payroll and average number of revenue producing units for the PROPOSED, CURRENT & 3 PREVIOUS POLICY PERIODS.

DRIVER INFORMATION

How often are driver's MVR's checked? Annually Semi-annually After an accident

Is an MVR required prior to hiring? Yes No

Are drivers required to have at least 2 years experience in similar type vehicles? Yes No

Is a driving test done prior to hire? Yes No

Do all drivers possess a valid commercial driver's license (CDL)? Yes No

Do you require all drivers to take a physical before hire? Yes No

Is random and reasonable "for cause" drug testing done? Yes No

Are post accident drug testing procedures in place? Yes No

Are all drivers covered by Workers Compensation? Yes No

VEHICLE INFORMATION

Storage of Vehicles: Open Lot Fenced Covered If Covered, how many in facility at one time? _____

Protection: Private Security Alarm System 24 Hour Operation None

Maximum Values at any one location: _____

Vehicles are serviced on the following regular basis: 3,000 miles Monthly Semi-annually Other _____

Who provides the maintenance on your vehicle? _____

Are daily or pre-trip inspections made? Yes No

Does your state require annual inspections? Yes No

If yes, please attach a copy of your last inspection record for all vehicles over **10** years old. If no formal inspection records are maintained, an independent mechanic's inspection report is needed to bind coverage.

Do your vehicles display promotional lettering or advertisement? No Yes

Do your vehicles have special equipment to transport the handicapped? No Yes

Do you meet (check all that apply): Federal _____ State _____ County _____ City _____ Other _____ driver qualification and vehicle inspection requirements outlined in the State Department of Transportation and/or the Federal Motor Carrier Regulations.

Attach a copy of currently valued loss runs from your insurance carrier(s) for each of the past three (3) full policy years. If loss runs are not available, please state reasons why and include a signed statement specifying claims as to type, amount paid and amounts reserved for each policy period. Also provide details on any loss occurrences that exceed \$25,000 or involved a fatality or serious injury. **THIS INFORMATION IS MANDATORY.**

If new in business within the past three years, attach a fully completed New Venture Questionnaire. **This application is an attachment to and subject to all conditions stated in the ACORD application for your state of domicile.**

APPLICANT

TITLE

DATE COMPLETED