



Public Auto Supplemental Application Applicant

All submissions should be e-mailed to

quotes@aligngeneral.com or

fax to (619) 593-2176

Telephone (619) 702-7022

Producer

Producer Code

ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.

1	Business Name	FEIN or Tax ID:										
2	Is this a new venture? If yes, have you ever driven for or been associates with any cab (livery) company? Please include previous business names, address and years of experience.											
3	How many years in business?											
4	How Long as the current management, been operating the company?											
5	How many years has this organization been under the present name?											
6	Is there an affiliation or ownership in another livery or transportation company? If yes, please explain:											
7	Please list all subsidiaries including the addresses:											
8	Are any filings required? If yes, please provide the ICC/PUC docket number.											
9	How many plates are you registered to operate within the City and/or State?	<table style="width:100%; border-collapse: collapse;"> <tr><td style="text-align:right;">Taxi -</td><td style="border: 1px solid black; width: 100px;"></td></tr> <tr><td style="text-align:right;">Limo -</td><td style="border: 1px solid black;"></td></tr> <tr><td style="text-align:right;">Shuttle -</td><td style="border: 1px solid black;"></td></tr> <tr><td style="text-align:right;">Non Emergency Medical Vehicle -</td><td style="border: 1px solid black;"></td></tr> <tr><td style="text-align:right;">All other (Bus) -</td><td style="border: 1px solid black;"></td></tr> </table>	Taxi -		Limo -		Shuttle -		Non Emergency Medical Vehicle -		All other (Bus) -	
Taxi -												
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Shuttle -												
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All other (Bus) -												
10	List the cities in which you have operating authority:											
11	Please list the cities or primary operating territory for the vehicles.											
12	List the four most frequent destinations and the percentage of trips to these destinations. For example, airports, cities, sights, tours, etc...											
	Destination	Percentage										
A												
B												
C												
D												
13	What percentages of trips fall within each radius category? The totals must equal 100%.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="text-align:right;">0 to 50 miles -</td><td style="border: 1px solid black; width: 100px;"></td></tr> <tr><td style="text-align:right;">51 to 200 miles -</td><td style="border: 1px solid black;"></td></tr> <tr><td style="text-align:right;">201 or more miles -</td><td style="border: 1px solid black;"></td></tr> </table>	0 to 50 miles -		51 to 200 miles -		201 or more miles -					
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201 or more miles -												
14	At which airport(s), if any, do you pick up or deliver?											
15	Please list the type of operation. The percentages must total 100% (If other, please explain)											
	<ul style="list-style-type: none"> Airport Transportation Athlete/Entertainer Transport Ambulance Black Car Charter Bus Church Bus Contracted Child Transport Courtesy Day Care Employee Transportation 	<ul style="list-style-type: none"> Farm Labor Transportation Funeral Transportation Gambling/Casino Transportation Hotel/Motel Transportation Inter City Bus Limousine Non-Emergency Transportation Parking Shuttle Prisoner/Juvenile Transport Railroad Crew Transportation 	<ul style="list-style-type: none"> School Bus Senior Transportation Sightseeing Bus Social Service Special Occasions Taxi Urban Bus Van Pools Other – Please List 									
16	Do you share dispatch services with any other company?											
17	What percentage of trips are scheduled 24 hours or more in advance?											



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18	How many vehicles do you own?	
19	Are all vehicles owned by and registered to the applicant? If no, a lease agreement between the named insured and vehicle owner must be provided. This policy will only include vehicles where the named insured owns the medallions or permits.	
20	How many shifts do the vehicles operate each day?	
21	Do you have a driver training program?	
22	Do you have a formal written safety program?	
23	How many of your drivers are:	Employees - Independent Contractors -
24	Do the drivers take the vehicles home?	
25	Do family members use any of the vehicles? If yes, please provide their names, date of birth and driver's license number.	
26	Do you travel to Mexico or Canada? If yes, please explain.	
27	Do you provide Worker's Compensation Insurance for all drivers? If no, please explain.	
28	Do you have a driver safety incentive program?	
29	How many drivers will be listed on the policy? Remember, all drivers must be listed.	
30	During the past year, how many drivers have you?	Added - Replaced -
31	Is an MVR required prior to hiring?	
32	How often are the drivers' MVR reviewed?	
33	Does the company maintain accident investigation records?	
34	Is there a written accident review procedure?	
35	Does the accident review procedure include driver disciplinary measures? If yes, please explain.	
36	How many vehicles are stored?	
37	Do you have a written vehicle inspection program?	
38	Are daily or pre-trip inspections made to the vehicles?	
39	How often are the vehicles serviced? By whom?	
40	How often are the maintenance records reviewed by management?	
41	If your vehicles are subject to regulatory inspections by a city, county, or federal entity, please list the name of the agency and the frequency of inspections.	
42	Are any vehicles customized, altered or have special equipment? If yes, please identify the vehicles and provide specifications (i.e. length of limos, stretched SUV, wheelchair lift) Attach a separate schedule, if necessary.	
Limousine Only Questions		
43	Are customers accepted on a pre-arranged basis?	
44	Do you ever transport unscheduled passengers? If yes, please explain.	
45	Are alcoholic beverages served in the passenger compartment?	
Non-Emergency Medical Transportation Only Questions		
46	Are any of the vehicles equipped with lights or sirens?	
47	Is your business affiliated with or do you have contracts with schools?	
48	Do all drivers have 2 or more years experience transporting elderly or special needs passengers?	
49	Are any passengers transported by gurney or stretcher?	
50	Are there written procedures in place for loading and unloading of passengers?	



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51 Describe your training efforts for operations of lifts, securing wheelchairs, passenger assistance and First Aid.

Comments or Additional Information – Please reference the question number from above when adding additional information.

The completion of this application creates no express or implied obligation on the part of the company or its' manager to offer a quotation or provide insurance.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

It is specifically represented the statements in this application are true and correct. It is further understood the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk.

Signature of Insured

Date

Producer's Signature

Date