



# PUBLIC SUPPLEMENTAL

350 10<sup>th</sup> Avenue, Suite 1450 | San Diego, CA 92101  
Phone: 619.333.2500 | Fax: 619.593.2176

## Limousine/Black Car/Airport Transportation

### TO BE COMPLETED IN ADDITION TO THE COMMERCIAL AUTO APPLICATION

Applicant Name: \_\_\_\_\_

#### GENERAL INFORMATION

1. Is this a New Venture?  Yes  No If no, please provide number of years in business \_\_\_\_\_  
If yes, please provide specific details about your experience in this industry including prior employment and driving history: \_\_\_\_\_
2. Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_
3. Have you ever changed your operating name?  Yes  No  
If yes, please explain: \_\_\_\_\_
4. Have you filed for bankruptcy within the last 5 years?  Yes  No  
If yes, please explain: \_\_\_\_\_
5. Do you operate in more than one state?  Yes  No If yes, list states: \_\_\_\_\_
6. List largest cities entered into: \_\_\_\_\_
7. Is our policy to cover all vehicles owned, operated or under lease to the applicant?  Yes  No  
If no, explain: \_\_\_\_\_
8. Does applicant have General Liability Coverage?  Yes  No  
If yes, please provide name of carrier & policy term: \_\_\_\_\_
9. Please provide the total number of vehicles owned, operated or under lease to the applicant for the past 3 years  
Estimate for coming year \_\_\_\_\_ Current year \_\_\_\_\_ 1<sup>st</sup> Prior year \_\_\_\_\_

#### DRIVER INFORMATION

10. Current number of drivers \_\_\_\_\_
11. During the past year, how many drivers have you - Added? \_\_\_\_\_ Replaced? \_\_\_\_\_
12. Do you order & review MVR's prior to hiring?  Yes  No
13. Minimum required age for driver: \_\_\_\_\_ Maximum driver age: \_\_\_\_\_
14. Do all drivers have at least 2 years of professional/like driving experience?  Yes  No
15. Are all drivers properly licensed to drive the vehicles on the schedule (i.e. CDL, Passenger End't, etc.)?  Yes  No
16. Maximum number of driving violations allowed within the last 3 years: \_\_\_\_\_
17. Maximum number of accidents allowed within the last 3 years: \_\_\_\_\_
18. Is pre-employment drug testing required for all drivers?  Yes  No
19. Are all drivers/employee's covered by Worker's Compensation?  Yes  No
20. Is a Written Safety Program in place?  Yes  No
21. Is there a Driver Safety Incentive plan in place?  Yes  No
22. Are accident investigation & review procedures, including records, maintained?  Yes  No
23. Do the review procedures include driver disciplinary procedures?  Yes  No  
If yes, please explain: \_\_\_\_\_
24. What is the basis for driver(s) pay?  
Hourly \_\_\_\_\_ Trip \_\_\_\_\_ Mileage \_\_\_\_\_ Other, explain \_\_\_\_\_

25. Drivers maximum driving hours \_\_\_\_\_ daily, \_\_\_\_\_ weekly
26. Are drivers allowed to take vehicles home at night?  Yes  No  
 If yes, will family members be allowed to drive?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**VEHICLE INFORMATION**

27. Current total annual mileage: \_\_\_\_\_ Average annual miles per unit \_\_\_\_\_
28. Estimated annual mileage for upcoming year: \_\_\_\_\_
29. Is there a written vehicle maintenance program in place?  Yes  No
30. Are daily or pre-trip inspections made to the vehicles?  Yes  No
31. Do you service your own vehicles?  Yes  No If no, who does? \_\_\_\_\_
32. Are written maintenance history records kept for all units?  Yes  No
33. Does the insured have a formal procedure in place to retire older and/or high mileage units?  Yes  No  
 If yes, explain: \_\_\_\_\_
34. Are any vehicles customized, altered or have special equipment?  Yes  No  
 If yes, please identify the vehicles and provide specifications (i.e. length of limo, Video/Audio equipment, etc.)  
 \_\_\_\_\_
35. Do any vehicles have special equipment for handicapped or non-ambulatory clients?  Yes  No  
 If yes, please identify which vehicles: \_\_\_\_\_
36. Are all drivers trained on proper tie-down procedures for wheelchairs?  Yes  No
37. Are all vehicles equipped with alarms, GPS or some other theft deterrent device?  Yes  No
38. Where are vehicles stored when not in use? \_\_\_\_\_
39. If vehicles are stored at one location, describe the type of location and its security: \_\_\_\_\_  
 \_\_\_\_\_
40. Are any vehicles stretched?  Yes  No  
 If yes, please list: \_\_\_\_\_
41. Are vehicles equipped with a fare box or meter?  Yes  No
42. Do you lease, hire or borrow vehicles from others?  Yes  No  
 If yes, explain: \_\_\_\_\_
43. Do you lease, hire out or loan your vehicles to others?  Yes  No  
 If yes, explain: \_\_\_\_\_

**FILING INFORMATION**

44. Are any State and/or Federal filings required?  Yes  No  
 State filings, list states and permit number: \_\_\_\_\_  
 Federal filings: MC # \_\_\_\_\_ Base registration state: \_\_\_\_\_
45. Do you allow others to operate under your authority?  Yes  No  
 If yes, please explain: \_\_\_\_\_
46. List exact name and address in which filings are issued \_\_\_\_\_
47. In the last 3 years have you ever failed any inspections or violated any safety standards by any Federal, State or Local authority?  Yes  No  
 If yes, explain: \_\_\_\_\_

**OPERATIONS INFORMATION**

48. What percentage of your trips are: Airport \_\_\_\_\_% Weddings/Funeral \_\_\_\_\_%  
 Prom/Night-on-the-town \_\_\_\_\_% Corporate \_\_\_\_\_% Other, specify \_\_\_\_\_%
49. Radius of operations: 0 – 100 miles \_\_\_\_\_% 101 – 500 miles \_\_\_\_\_% Over 501+ miles \_\_\_\_\_%

50. What percentage of your reservations is made more than 1 hour in advance? \_\_\_\_\_%

51. Do you ever transport unscheduled passengers?  Yes  No

If yes, explain: \_\_\_\_\_

52. Are alcoholic beverages served in the passenger compartment?  Yes  No

If yes, answer the following:

a. Is the alcohol provided by the insured?  Yes  No

b. Is there a procedure in place to prohibit minors from consuming alcohol?  Yes  No

53. Do you use any independent contractors?  Yes  No

If yes, answer the following:

a. Are certificates of insurance required?  Yes  No

If yes, what is the minimum liability limit required? \_\_\_\_\_

b. What is the estimated cost of hire? \_\_\_\_\_

c. Is the Applicant named as additional insured?  Yes  No

d. Is there a Hold Harmless agreement in place?  Yes  No

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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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 the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date