



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

LIMOUSINE AND TAXICAB SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- Currently valued five year loss runs, including claim detail for all losses open or exceeding \$10,000
- Applicant's brochure, description of operations, or marketing materials if a website is not available
- A completed Kinsale General Casualty Schedule of Locations Supplemental Table for your premises

3)

Mailing address:

Address: _____
 City: _____ State: _____ Zip Code: _____

4)

Please complete the below table regarding your sales:

Upcoming Year (est.):	Last 12 Months:	One Year Prior:	Two Years Prior:	Three Years Prior:

a. If more than one box in 6) is checked, please clarify what percentage of sales is in each category: _____

5)

Audit/Inspection contact: _____

a. Phone number: _____

b. Email: _____

OPERATIONS

6) What are your operations? Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Taxicab Services
<input type="checkbox"/> Limousine Services
<input type="checkbox"/> Contract Shuttle Services
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Black Car Services
<input type="checkbox"/> Chauffeur Staffing
<input type="checkbox"/> Application-Based Livery Services |
|--|--|

7) Please complete the following table for your fleet and passenger capacity:

Vehicle Type	Total Number in Fleet	0-3 Passenger Capacity	4-6 Passenger Capacity	7-10 Passenger Capacity	11 and Up Passenger Capacity
Taxicab					
Black Car					
Van					
Limousine					
Bus/Shuttle					
Other: _____					
Other: _____					

8) Please complete the following for your radius of operations:

Vehicle Type	Number of Vehicles operating within 50 miles of base	Number of Vehicles operating 51 to 200 miles from base	Number of Vehicles operating over 200 miles from base
Taxicab			
Black Car			
Van			
Limousine			
Bus/Shuttle			
Other: _____			
Other: _____			

9) Do any drivers operate a regular route? Yes No

a. If yes, please describe: _____

10) Do drivers own and operate their own vehicles? Yes No

a. If no, are drivers permitted to use company vehicles for personal reasons? Yes No

11) Do you operate within any major metropolitan areas? Yes No

a. If yes, which area(s)? _____

- 12) Do operate any vehicle units designed to transport passengers with special needs, the elderly or non-emergency medical transport? Yes No
- a. If yes, are drivers of these units trained in how to accommodate these passengers? Yes No
- b. How many of these units do you operate? _____
- c. Please describe the nature of these services: _____

SAFETY INFORMATION

- 13) Which of the following procedures do you use for hiring/screening drivers? Check all that apply:
- | | |
|--|--|
| <input type="checkbox"/> Pre-hire drug screening | <input type="checkbox"/> Random and post-accident drug and alcohol screening |
| <input type="checkbox"/> Pre-hire MVR check | <input type="checkbox"/> Pre-Hire Physical |
| <input type="checkbox"/> Pre-hire road test | <input type="checkbox"/> Reference verification |
| <input type="checkbox"/> Check of previous employers – In writing | <input type="checkbox"/> Check of previous employers – By telephone |
| <input type="checkbox"/> Criminal background check – State | <input type="checkbox"/> Criminal background check – Federal |
| <input type="checkbox"/> Verification of any pending disciplinary actions by current or previous employers | |
| <input type="checkbox"/> Other: _____ | |
- 14) After hire, how frequently are driver MVRs pulled? _____
- 15) Do you have an action plan for drivers following a violation or poor MVR development? Yes No
- a. If yes, please describe: _____
- b. If no, are drivers terminated following a violation or poor MVR development? Yes No
- 16) Do you have a driver safety incentive program in place? Yes No
- a. If yes, please describe: _____
- 17) How are drivers paid? Hourly By Trip Other: _____
- 18) Do you have a formal safety program? Yes No
- a. If yes, please attach a copy.
- 19) Do you have a formal vehicle maintenance program? Yes No
- a. If yes, please attach a copy.
- 20) Do you have a formal accident and incident reporting protocol? Yes No
- a. Are drivers required to alert law enforcement of all accidents or incidents involving a vehicle immediately at the time and place of the accident or incident? Yes No
- b. If yes to 20), please attach a copy.

LOSS HISTORY

- 21) Have you had any Liability claims that were or were not covered by insurance? Yes No
If yes, please attach an explanation.
- 22) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? Yes No
If yes, please attach an explanation.

23) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.**

Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim 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.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____