



## Taxi, Limo and/or Paratransit Application

To obtain an insurance quotation, please answer all questions completely and return your local Avalon office.  
If a question does not apply to your business, please mark N/A (don't leave blank).

### SECTION 1 - GENERAL INFORMATION SECTION

Policy Term:	From:	To:	Federal ID or SSN:	
Name of Applicant:				
Mailing Address:				
Garaging Location (if different):				
Phone Number:		Fax Number:		Web site:
Contact Name:			E-mail:	
Type of business: Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>				
Years in business (in your name):				

### SECTION 2 - DESCRIPTION OF OPERATIONS

Provide details of operation:				
What percentage of your trips are: (Total 100%)				
Airport:	%	Annual Fleet Mileage:	Trips:	
Weddings:	%	School:	%	
Proms:	%	Non-emergency medical:	%	
Funeral:	%	Disabled/handicapped:	%	
Corporate:	%	Scheduled shuttle service:	%	
Other (Please explain):	%	Explanation:		
1. Has this business ever been operated under a different name?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
2. Do you own/operate any other transportation companies?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
<i>If yes, (to above question) please provide names and describe operations:</i>				
3. Is your operation seasonal in nature?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
4. Do you transport passengers for hire?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Are you a for profit organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Do any of your vehicles have special equipment for transporting the physically impaired?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are any of your vehicles equipped with:</b>				
7. Lift out/pull out ramps?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Mechanical lifts?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Wheelchair passenger/patient safety restraint system?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Vehicle wheelchair securing system?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Ambulatory passenger/patient safety restraint system?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Is there any personal use of scheduled autos?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes (to above question) are there any drivers under age 25?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes (to above question), please describe:</i>				



**SECTION 2 - DESCRIPTION OF OPERATIONS – CONTINUED**

13. Do you ever lease, rent, hire or borrow vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes (to above question), please answer the following:</i>	
14. Types of vehicles leased, rented, hired or borrowed:	
15. Number of times in last 12 months:	With driver:                      Without driver:
16. Last year's cost of hire:	\$
17. Under whose authority is the equipment operated?	<input type="checkbox"/> Yours <input type="checkbox"/> Theirs
18. Is there a written contractual agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. This year's estimated annual cost of hire:	\$
20. Do you hire, lease or borrow vehicles from a subsidiary or another company you own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. What percent of your trips are arranged 24 hours in advance?	%
22. Are drivers allowed to take vehicles home when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you have a General Liability policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Do you cross state lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do you have Federal Motor Carrier Safety Administration (FMCSA) or State Operating Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes (to above question), indicate Name and Address EXACTLY as filed:</i>	
26. FMCSA Docket Number:	
27. Identify your registration or base state:	
28. States in which filings are required:	
29. Have you ever lost or had authority withdrawn by any regulatory authority or are you currently under probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes (to above question), explain in detail:</i>	
30. Do you have an FMCSA brokers authority or provide a brokerage service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Do you ever allow others to operate under your authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes (to above question), please explain:</i>	
32. Has any insurance company canceled or non-renewed your policy in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes (to above question), please explain:</i>	

**ADDITIONAL SPACE FOR EXPLANATIONS**




### SECTION 3 - DRIVER INFORMATION

*Must be completed for ALL full time, part time, and household drivers.*

Driver	Date of birth	License number	State	Number years driving similar equipment	Date of hire

### ADDITIONAL DRIVER INFORMATION

1. Do you agree to report all drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do drivers operating vehicles with a seating capacity greater than 15 have a CDL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. During the last 12 months, how many drivers have you:	Replaced:                  Added:
4. Driver's pay is calculated by:	<input type="checkbox"/> Trip <input type="checkbox"/> Mileage <input type="checkbox"/> Hourly <input type="checkbox"/> Other
5. Are all drivers covered by Workers' Compensation insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you order MVRs prior to hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you order drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are any drivers considered independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain</i>	

### DRIVER HIRING, TRAINING AND SAFETY

1. Do you have a driver selection/hiring process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe your selection/hiring process</i>	
2. Do you adhere to a written driver training and safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe or attach program</i>	
3. Do you adhere to a written vehicle inspection and maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe or attach program</i>	



**SECTION 4 - SCHEDULE OF AUTOS TO BE INSURED**

*All units you own or are leased to you must be scheduled & insured if filings are made.*

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Vehicle Identification #</b>	<b>Original Seating Capacity</b>	<b>Stated Value</b>	<b>Radius</b>	<b>Length of Stretch (applies to Limousines only)</b>

**SECTION 5 - LOSS PAYEES**

*Schedule all Lessors (L) or Loss Payees (LP) to be listed on the policy.*

<b>Unit #</b>	<b>L or LP</b>	<b>Name and Address</b>
1. Is all equipment you own scheduled above?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is all equipment scheduled above, titled in your name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is all equipment operating under your authority, scheduled above?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Explain any "no" answer</i>		
4. How are the vehicles stored (open lot, fenced lot, lighted lot, in building, etc.)?		
5. Indicate the cities you travel to or through:		



**SECTION 6 - LIMOUSINES AND SEDANS**

1. Are you registered or licensed as a limousine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you registered or licensed as a taxi?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What percent of your trips are unscheduled?	%
4. Do you belong to any local, state, or national limo association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, which ones?</i>	
5. Do you have a passenger ride share program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do any vehicles have a fare box or meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you charge by the:	<input type="checkbox"/> Hour <input type="checkbox"/> Trip <input type="checkbox"/> Miles
8. Are your vehicles dispatched or do you share dispatch services with another entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain</i>	
9. If you have corporate contracts to provide transportation, list who the clients are:	
10. Annual fleet mileage:	
11. How do you solicit your business?	<input type="checkbox"/> Advertising <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Curbside <input type="checkbox"/> Other (describe below)

**SECTION 7 - COVERAGE AND LIMITS**

1. What liability limit do you require?	\$
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**APPLICANT DECLARATION & SIGNATURE**

I/We hereby declare that the statements and particulars given on this application are true to the best of our knowledge and that we have not suppressed, withheld or modified any material facts. We agree that should a policy be issued, this form shall be the basis of the contract, and that any change in our property or the pattern of our trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

Any person, who knowingly and with intent to defraud any insurance company or person, who 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 subjects the person to criminal and civil penalties varying in degree by state.

I/We understand that no Insurance is in effect until Avalon receives a written request to bind coverage and down payment is acknowledged as received to put coverage in force. Please note, not all coverages are available in all states due to insurance laws and licensing.

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Dated: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Office: \_\_\_\_\_ Dated: \_\_\_\_\_