TAXI SUPPLEMENTAL APPLICATION

It is specifically represented that the statements in this application are true and correct.

ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.

GENERAL INFORMATION

Named Insured:_____

Federal Identification Number or Social Security Number:_____

Detailed description of your operations:_____
_____
Association Memberships: TLPA__NLA__Other (Describe)_____None____

Are any filings required? Yes_____No_____If yes, please provide the ICC/PUC docket number:_____

How many years has this organization been under the present name?_____

List all subsidiaries:_____

Years in business_____ If you are a new venture, have you ever driven for or been associated with any other passenger transportation company? Yes_____No_____If yes, give name, address and dates:_____
_____
What percentage of your business is dispatched?_____% Do you share dispatch services with any other company? Yes_____No_____ Please provide names of organizations that you have current contracts with to provide transportation services
_____
Radius of operation: 0-50 Miles_____% 51-200 Miles_____% Over 200 Miles_____%
List the cities in which you have operating authority:_____
Major Metropolitan Area(s) Served:_____
With a total of 100%, what percentage of your trips are: Airport_____% Corporate____%
Non-emergency medical____% Disabled/Handicapped____% School ____% Scheduled
Shuttle Service___% Other (please explain)_____ ____% Are vehicles used for any other purpose other than transporting passengers for hire? If so, explain _____
_____
Do you have a formal safety program? Yes_____ No_____

VEHICLE INFORMATION

How many vehicles do you own?_____
How many shifts do you run with your vehicles?_____
Are all vehicles both titled and registered to the named insured? Yes _____ No_____
If no, there must be a lease agreement between the Named Insured and the vehicle owner.

Are all vehicles titled and/licensed in the State in which they operate? Yes ____ No_____

Please provide a copy of all vehicle registrations verifying ownership of scheduled vehicles. If applicable, provide lease agreements on all vehicles listed on the application/policy. The policy will only include those vehicles where the Named Insured owns the permits/medallions.

Do you subcontract work to others? Yes_____ No_____Are certificates of insurance obtained? Yes_____ No_____
What limits of liability do you require? (Should be at least equal to your own.)
$_____
Do you have a written vehicle maintenance program? Yes_____ No_____
Vehicles are serviced on the following regular basis: 3,000 miles_____Monthly_____
Semi-annually_____Other_____
If other, please explain_____
Who provides the maintenance on your vehicles?_____
Are daily or pre-trip inspections made to the vehicles? Yes_____ No_____
How often are the maintenance records reviewed by management?_____
How many plates are you registered to operate ?_____
At which airport(s), if any, do you pick up or deliver?_____
Are any of your taxis equipped with:

    A. Lift out or Pull our Ramps? Yes_____ No_____
    B. Mechanical Lifts?   Yes_____ No_____
    C. Wheelchair Passenger/Patient Safety Restraint System? Yes_____ No_____
    D. Vehicle Wheelchair Securing System? Yes_____ No_____
    E. Ambulatory Passenger/Patient Safety Restraint System? Yes_____No_____

DRIVER INFORMATION

Driver hiring criteria: Written application? Yes_____ or No_____
Do you Review MVRs before hiring? Yes_____ or No_____
Any age requirements for drivers? Yes_____ No_____If yes, what are they_____
Do you have a driver training program? Yes_____ No_____
Do you hold regular safety meetings? Yes_____ No_____ If yes, how often?_____
Are drivers trained to assist elderly/handicapped passengers?   Yes_____ No_____
Do you have a drug testing policy? Yes_____ No_____
Are post accident drug testing procedures in place? Yes_____ No_____If yes to either or
both questions, please give a brief description_____
Are drivers employees or independent operators?_____
Do you provide Workers Compensation Coverage on your drivers?   Yes_____ No_____
Do the drivers take the vehicles home?   Yes_____ No_____
If yes, are any of the vehicles used by family members?   Yes_____ No_____
If yes, please provide name, date of birth, and drivers license number:_____
_____
Do you have a driver incentive program? Yes____No____ If yes, please explain_____
_____
Current number of drivers?_____During the past year, how many drivers have you
added?_____Replaced?_____
How often are drivers' MVRs checked? Annually_____Semi-annually_____
Quarterly_____After an accident_____
Are MVRs obtained and reviewed prior to hiring new drivers? Yes_____ No_____
Are accident investigation and review procedures, including records,
maintained? Yes_____No_____
Do the review procedures include driver disciplinary procedures? Yes_____No_____
If yes, please explain:_____

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.

_____   _____   _____
Signature of Insured   Title   Date

_____   _____
Producer's Signature   Date

COMPLETE SUBMISSION REQUIREMENTS:

1. This supplemental application, signed by the insured.
2. Current applicable ACORD Applications for coverages desired. Vehicle schedule should include 17 digit VIN number, radius, length of stretched vehicles and number of passengers.
3. Minimum of 4 years of hard copy loss runs valued within the last 60 days. Include details on claims over $10,000.
4. Current Drivers list and MVRs. Drivers list must include family members who have access to company vehicles.
5. Provide details regarding the changes in the fleet size over the past four years.

Year	Number of Units	Premium Per Unit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____