

**TAXI / LIMOUSINE APPLICATION**



**SECTION I**

\*\*\*State supplements are attached if required by the governing state\*\*\*

1. Business Name of Applicant \_\_\_\_\_

2. Address of Applicant \_\_\_\_\_

3. Applicant is:  Individual  Partnership  Corporation  Other \_\_\_\_\_

4. Effective date coverage requested \_\_\_\_\_ Years experience driving a Taxi \_\_\_\_\_

5. Years operating this business \_\_\_\_\_

Have you ever operated under another name?  Yes  No If yes, name of that operation? \_\_\_\_\_

Do you own or operate any other business now?  Yes  No If yes, describe \_\_\_\_\_

If this is a new venture, where did you get your experience? \_\_\_\_\_

**SECTION II – Description of Operations**

6. Do you ever have occasion to transport passengers who are physically or mentally handicapped?  
 Yes  No If Yes, explain \_\_\_\_\_

a. If yes, explain if units are equipped to handle handicapped and if drivers are trained to handle such equipment:  
\_\_\_\_\_

7. Do you ever perform Non-Emergency Medical Transport operations?  Yes  No

**SECTION III – Area of Operations**

8. Do you operate over a scheduled route?  Yes  No

9. List all Cities / States regularly entered:

City	Distance from Garage Location

**SECTION V – Vehicle Information**

10. Is there any personal use of the vehicles?  Yes  No.

11. Do your drivers own and operate their own vehicles for the business?  Yes  No

12. Are any of the scheduled vehicles converted to operate on Compressed Natural Gas?  Yes\*  No

\*If yes, please provide copy of inspection and certification.

**SECTION VI – Safety and Maintenance**

13. Is there a formal safety program in effect? Yes No 14. Do you have a written vehicle maintenance Program? Yes No
15. Are periodic reviews of all drivers conducted? Yes No. If yes, how often \_\_\_\_\_
16. Is any action taken against a driver for having a chargeable accident? Yes No. If yes, explain \_\_\_\_\_

**SECTION VII – Filing Information**

17. Certificates required? Yes No

Holder's Name	Address	Cert	A/I	L/P	10 Days	30 Days

**SECTION VIII – Previous Insurance & Loss Experience**

This section must be completed in its entirety.  
If New Venture, Loss History Letter must be completed.

Have you ever had insurance for this type of operation cancelled, declined or renewal refused? Yes No  
If yes, explain fully on a separate sheet of paper, giving name of insurance companies, dates and reason for cancellation or refusal.

Show policy periods for past four years	Insurance Carrier	Policy Number	Number of Vehicles	Annual Premium	Total Claims Amount Paid
From 20 to 20				\$	\$
From 20 to 20				\$	\$
From 20 to 20				\$	\$
From 20 to 20				\$	\$

**SECTION IX – Coverage and Limits Requested**

18. Liability Limits: \$ \_\_\_\_\_
19. Uninsured/Underinsured Motorists Coverage Limit: \$ \_\_\_\_\_
20. Medical Payments Coverage Limit: \$ \_\_\_\_\_
21. Personal Injury Protection Coverage Limit: \$ \_\_\_\_\_ (Not Available in Oregon)

**SECTION X – Signatures**

I declare to the best of my knowledge that all statements herein and on attachments are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

\_\_\_\_\_  
Applicant's Signature / Title Date

**AGENT:**

\_\_\_\_\_  
Agent's or Broker's Name Agent's Signature  
\_\_\_\_\_  
Address Dated

Any person who, with Intent to defraud or knowing that he 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.

# TAXI APPLICATION VEHICLE SCHEDULE

Applicant's Name \_\_\_\_\_

Year	Make/Model	VIN #	Radius	Cost New	Collision Ded	OTC Ded	Loss Payee and address

Driver's Full Name	Date of Birth	Driver's License Number	Date of Hire	Years of like Driving Experience