



ATTENTION: _____

Post Office Box 2909
Jacksonville, FL 32203-2909

Agency Information

Agency Name _____ City _____ State _____
 Contact Name _____ Phone _____ E-mail _____

Insured Information

Name _____	1. Nature of Operations _____
Address _____	2. Is this the applicant's primary business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____
City _____ State _____	3. Do you haul for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No DOT # _____ MC # _____
Zip _____ County _____	4. Filing Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will policy cover all vehicles owned, operated, or under lease to applicant? _____
Phone _____	5. Is your business for profit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Desired Effective Date _____	6. Is the transportation of people your primary business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Name _____	7. Do you operate in more than one state? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Start Date _____	8. Major Cities Entered _____
	9. Covered by Worker's Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Driver Information

Driver Name	Date of Birth	State of License	# Years Experience	Last 3 Years # of	
				Moving Violations	Accidents

What is the basis for driver pay? Hourly Trip Mileage Fares Other, explain _____

Vehicle Information

Year	Make	Current Value	Radius	Seating Capacity	Annual Mileage	Anti-lock brakes, air bags, or lifts?

Previous Coverage

Prior Carrier (last 3 years) _____ Current Pricing _____ Target Pricing _____
 Claims Paid _____

Liability	Medical Payments	UM/ UIM	Comp/ Spec Perils	Collisions
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Loss Information (Previous career & loss information - must show current year and previous 2 years. If previously leased to another company, list that company.)

All Public	What is the percent of airport transportation? _____ Do you have a scheduled route? _____ Are you transporting physical disabled persons? <input type="checkbox"/> Yes <input type="checkbox"/> No If so What % of time? _____ Is a fee or fare charged for transporting passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this transportation reimbursed by a government agency like Medicare/Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No Are services being funded by Logisticare or Acces2Care? <input type="checkbox"/> Yes <input type="checkbox"/> No Does insured haul for Transportation Network Co; ex: Uber/ Lyft? <input type="checkbox"/> Yes <input type="checkbox"/> No
Limousines	Are the limousines stretched? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, length stretched _____ % Airport _____
Taxi	Are you an owner-operator? <input type="checkbox"/> Yes <input type="checkbox"/> No Fare box or meter? <input type="checkbox"/> Yes <input type="checkbox"/> No