



Return complete app to:
Quote@shellyins.com

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 Accessee2Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Limousines	Does insured haul for Transportation Network Co; ex: Uber/ Lyft? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the vehicle handicap equipped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Taxi	Are the limousines stretched? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, length stretched _____ % Airport _____
	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