

TAXI Supplemental

(Complete in addition to ACORD Auto Application)

DATE:
EFFECTIVE DATE
NEED BY DATE :

AGENCY INFORMATION

Agency:
Phone: Fax:
Producers name:
Email address:
Are you the incumbent agency: Yes No
If yes, how long has your agency written this applicant:

APPLICANT INFORMATION

Applicant's name:
Insured's DBA:
Mailing address:
City: State: Zip:
Phone: Fax:
Primary garaging location:
Company Website
Email address:
Business type: Years in business: Federal ID #:

OPERATIONS

Description of operations:
Are vehicles metered: Yes No
Hours of operation:
Hours of service per driver: Days of service per driver:
Radius of operations percentage: 0 to 50 miles 51-200 miles Over 200 miles
Percentage medallioned taxis:
Percentage airport work: Name of airport(s):
What is the average age of the passengers being transported:
Do you ever transport passengers who are physically or mentally handicapped: Yes No
If yes, fully explain:
Are passengers assisted in or out of the autos: Yes No
If yes, please explain:

VEHICLES

Number of vehicles equipped for wheelchair transport:

Describe wheelchair tie-down procedures:

Are all vehicles equipped with both lap belts and shoulder harnesses for passengers: Yes No

Is the use of safety restraints required for all passengers: Yes No

Does the applicant ever lease, rent or borrow vehicles from others: Yes No

Are all vehicles owned by you: Yes No

Are all vehicles operating for this applicant listed on the vehicle schedule: Yes No

If no, please explain:

Is there any personal use of the autos: Yes No If yes, please explain:

Are vehicles equipped with cameras: Yes No If yes, please explain type and usage:

DRIVERS

Criteria for hiring drivers: Minimum age: Maximum age:

Minimum # of years of driving experience do you require:

Describe MVR standards:

How often are MVR's reviewed:

Are employees and drivers screened for sexual abuse charges and convictions: Yes No

Are drivers covered by Workers Compensation: Yes No

Is any action taken against a driver for having a chargeable accident or major violations: Yes No

SAFETY AND MAINTENANCE

Is there a formal safety program in place: Yes No If yes, how often do they hold safety meetings:

Please explain your maintenance program:

Do you have written accident reporting procedures: Yes No If yes, please explain:

Are periodic reviews of all drivers conducted: Yes No

Do you have a driver safety incentive program: Yes No If yes, please describe:

If vehicles are garaged at one location, describe the location and security:

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrence, which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name and Title

**APPLICATIONS MUSTS BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**