Inception Date (Current Expiration Date if different):

Submission Date:

|  |  |
| --- | --- |
| **Named Insured:** |  |
| **Insured’s Address:** |  |
| **Principal**  **Garaging Address:** |  |
|  |  |
| **Federal Tax ID:** |  |

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| **I** | **ELIGIBILITY** | | | | | | | |  | |
| 1. | Are at least 80% of the operations derived from pre-arranged transportation services? | | | | | | | | Yes ☐ No ☐ | |
| 2. | Does owner have at least three years of prior industry ownership and/or management of a limousine company? | | | | | | | | Yes ☐ No ☐ | |
|  | Describe experience if less than 3 years in business: | | | |  | | | |
| 3. | **Owner(s)** actively involved in the business? | | | | | | | | Yes ☐ No ☐ | |
| 4. | Are all vehicles **both titled and registered** to the named insured? | | | | | | | | Yes ☐ No ☐ | |
| **II** | **INSURED INFORMATION & DESCRIPTION OF OPERATIONS** | | | | | | | |  | |
| 1. | Names of all entities to be insured, address, year established, detailed description of each operation of their relationship to the insured: | | | | | | | |
| A. |  | | | | | | | |
| B. |  | | | | | | | |
| C. |  | | | | | | | |
| 2. | Do any of your vehicles require FMCSA or other Filings? | | | | | | | Yes ☐ No ☐ | |
|  | If yes, please provide the **US DOT, MC,** **PUC** and state number if applicable.  US DOT#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PUC# \_\_\_\_\_\_\_\_\_\_\_ STATE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAFER Reports ? | | | | | | | |
| 3. | Please provide copies of all required filings (e.g. local, state & federal) | | | | | | | |
| 4. | Please detail the types of operations performed by the Insured: | | | | | | | |
|  | Operation | Receipts and / or % of operations | | | | | Comment | |  | | |
|  | Wedding Services | **$** |  | **%** | |  | | |  | | |
|  | Prom Night | **$** |  | **%** | | Prom Contract in Place? Yes ☐ No ☐ | | |  | | |
|  | Corporate | **$** |  | **%** | | Percent of corporate which is to & from the airport ­­­­­­\_\_\_\_ \_% | | |
|  |  |  | | |  | |  | |
|  | Night on Town | **$** |  | **%** | | Airport(s) Served: | | |
|  | Funerals | **$** |  | **%** | |  | | |
|  | Airport Service | **$** |  | **%** | | Includes airport shuttles | | |
|  | Scheduled Shuttle Service | **$** |  | **%** | | Describe: | | |
|  | Other | **$** |  | **%** | |  | | |
|  | Total | **$** | | | **100%** | |  | |
|  | 4a. Covid has interrupted all operators to varying degrees, so please include a statement regarding how your business has been impacted: (i.e., Units retired or garaged; Revenue lost etc.)  4b. List the top 6 destinations your vehicles have most frequently visited in the past 12 months in order of highest to lowest percentage. | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. |  | **%** | 2. |  | | **%** | | |
|  | 3. |  | **%** | 4. |  | | **%** | | |
|  | 5. |  | **%** | 6. |  | | **%** | | |
|  | 4c. Provide details regarding fleet size and premium over the past four years. | | | | | | | | |
|  |  | *Policy Periods* |  | *No. of Units* |  | *Premium* | | |  |
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| 5. | Does **any** named insured operate, even if separately insured, any business other than the limousine business being submitted for coverage? | | | | | | | Yes ☐ No ☐ | |
|  | If yes, please describe operations (examples might include, Airport Vouchers, Taxi Records, etc) | | | | | | | | |
| 6 | Are drivers of vehicles with 14 or greater seating capacity required to have a CDL license | | | | | | | Yes ☐ No ☐ | |
|  | Are any vehicles with seating capacity of 14 or greater passengers used as a tour bus? | | | | | | | Yes ☐ No ☐ | |
|  |  | | | | | | |  | |
| 7 | Indicate which precautions have been taken to prevent theft and vandalism: | | | | | | |  | |
|  | Indoor Garaging ☐ Fenced ☐   24 hour security ☐   Lit lot ☐ Vehicle alarms ☐ Premises alarms ☐      Other ☐ | | | | | | |  | |
| 8. | What percentage of your vehicles are equipped with Telemetrics? (info. request) | | | | | | | **%** | |
| 9. | What percentage of your vehicles are equipped with video camera/surveillances systems or other similar vehicles? | | | | | | | **%** | |
| 10. | Are vehicles centrally garaged while not in use? | | | | | | | Yes ☐ No ☐ | |
| 11. | Are alcoholic beverages sold? | | | | | | | Yes ☐ No ☐ | |
|  | * Do you provide “complimentary” alcoholic beverages? * If yes to either of the above, please describe: * Do you prohibit minors from consuming alcohol or drugs in the vehicle? Yes ☐ No ☐ | | | | | | | Yes ☐ No ☐ | |
| 12. | Do you ever borrow, hire, or rent vehicles **from others** for use in your business? | | | | | | | Yes ☐ No ☐ | |
|  | If yes, please describe type(s) of vehicle, how often, use of vehicle and “cost of hire” | | | | | | |  | |
|  |  | | | | | | |  | |
| 13. | Do you subcontract work to “affiliates” or yours? | | | | | | | Yes ☐ No ☐ | |
|  | If yes, please describe type(s) of vehicle, how often used, and use of vehicles? | | | | | | |  | |
|  |  | | | | | | |  | |
|  | * Receipts from above subcontracted operations: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Are certificates of insurance obtained? Yes ☐ No ☐ * Limit of Insurance required of the Sub-Contractor? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| **III.** | **EMPLOYEE & DRIVER MANAGEMENT** | | |  | |
|  | 1. | Which of the following are used in the hiring of employees (including drivers?) | |  | |
|  |  | 1. Written application Yes ☐ No ☐ 2. MVR’s - Every quarter ☐ Every 6 months ☐  Every Year ☐  When Hired ☐ 3. Reference Checks Yes ☐ No ☐ 4. Criminal Background Checks Yes ☐ No ☐ 5. Road Test Yes ☐ No ☐ 6. Number of prior years’ limo driving experience required. \_\_\_\_\_\_\_\_ 7. Drug Testing (required for CDL)     ☐ Yes  ☐ No 8. Physical Exam for drivers for drivers age 65 and older?            Yes ☐ No ☐ | |  | |
|  | 2. | Describe disciplinary procedure for moving violations and accidents: | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
|  | 3. | Describe driver training program: | |  | |
|  |  |  | |  | |
|  |  | * Does driver training include the following: * Company rules & policies Yes ☐ No ☐ * Daily vehicle inspection procedure Yes ☐ No ☐ * Equipment familiarization Yes ☐ No ☐ * Accident reporting procedures Yes ☐ No ☐ * Servicing or handling of passengers Yes ☐ No ☐ | |  | |
|  | 4. | Describe accident investigation program or attach material: | |  | |
|  |  |  | |  | |
| **IV.** | **VEHICLE MAINTENANCE/SERVICE** | | |  | |
|  | 1. | Does vehicle maintenance program include the following:   * Service record of each vehicle? Yes ☐ No ☐ * Trip or vehicle condition report? Yes ☐ No ☐ * Annual Inspections? Yes ☐ No ☐ | |  | |
|  | 2. | Do you service your own vehicles? Yes ☐ No ☐  If no, explain |  |  | |
|  | 3. | How many mechanics do you employ? # \_\_\_\_\_\_\_   * Mechanic Payroll $ \_\_\_\_\_ * Total receipts for garage operations $\_\_\_\_\_\_ * Do you have a parts department? Yes ☐ No ☐ * Are there any retail sales of auto parts?  Yes ☐ No ☐ * If yes, please provide details | |  | |
|  | 4. | How many lifts do you have in your garage? | **#** | |
|  | 5. | Do you service vehicles owned by other entities? Yes ☐ No ☐If yes, please provide details | |  | |
|  |  |  | |  | |
|  | 6. | How many vehicles of others would be in your care, custody, and control at any one time? #\_\_\_\_\_\_\_\_\_  Please advise the maximum dollar value at any one time $\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  | |  | |

**IN ADDITION TO THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:**

\* **Fully completed ACORD application.**

**\* Loss Runs, currently valued (within the last 45 days), insurance company-produced, loss runs for the current and 3 prior policy years.**

**\* Full description of each loss over $15,000. Include the name of the driver involved.**

**\* Current driver’s list and motor vehicle records for ALL drivers.**

**\* If you answered yes to #8, please provide a report from your Telemetrics services for the last 30 days.**

**\* Current DOT medical for all drivers age 70 or older and any driver with less than 2nd year medical clearance.**

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| **FRAUD AND APPLICANT’S STATEMENT**  **Knowingly presenting false information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.**  **Arkansas applicants:  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**  **Colorado applicants:  It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.**  **District of Columbia applicants: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**  **Florida applicants:  Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**  **Hawaii applicants:  For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.**  **Kentucky applicants:  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.**  **Louisiana applicants:  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**  **Maine applicants:  It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.  Penalties may include imprisonment, fines or a denial of insurance benefits.**  **Maryland applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**  **New Jersey applicants:  Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**  **New Mexico applicants:  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.**  **New York applicants:  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 material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**  **Ohio applicants:  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.**  **Oklahoma applicants:  Warning:  Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**  **Oregon applicants:  Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.**  **Pennsylvania applicants:  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.**  **Rhode Island applicants:  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**  **Tennessee applicants:  It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.  Penalties include imprisonment, fines and denial of insurance benefits.**  **Virginia applicants:  It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.  Penalties include imprisonment, fines and denial of insurance benefits.**  **Washington applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.**  **West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**  **Arbitration statement**  **For Utah applicants only:**  **Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.**  **SIGNING THIS FORM DOES NOT BIND THE APPLICANT TO PURCHASE OR THE COMPANY TO ISSUE THE COVERAGES APPLIED FOR.  APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM**  **FRAUD STATEMENT – INSURANCE LAW.**  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.  **APPLICANT’S STATEMENT:**  I have read the above application and declare that to the best of my knowledge and belief all the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)  Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Producer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  License Identification Number or National Producer Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Florida Producers must provide License Identification Number)  You, the Producer, are the incumbent or new to placing the account? \_\_\_\_\_\_\_\_\_ |

Please send the complete submission to: [quotes@cluettinsurance.com](mailto:quotes@cluettinsurance.com)