Inception Date (Current Expiration Date if different):

Submission Date:

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

# I. DESCRIPTION OF OPERATIONS

|  |  |
| --- | --- |
| List all entities to be insured, address, year established and detailed description of each operation and their relationship to the insured:  A.  B.  C. | |
| Is this a New Venture? ☐Yes ☐ No Years in business:  If yes, have you ever driven for or been associated with any cab (livery) company? ☐Yes ☐ No  Give name, address, and dates: | |
| Web-site address: | |
| Are all vehicles owned or leased by the insured? ☐Yes ☐ No |  |
| If no, indicate the relationship between applicant and all non-owned vehicles (check all that apply): |  |
| ☐ Employee owned ☐ Contractor/Subcontractor ☐ Lessor/Lessee |  |
| ☐ Iron Lease ☐ Shift operations |  |
| Do you provide Workers Compensation for all employees?  ☐Yes ☐ No | |
| List the cities in which you have operating authority: | |
| At which airport(s), if any, do you pick up or deliver? | |
| Radius of operation: 0-50 miles % 51-200 miles     % Over 200 miles     % | |
| How many shifts do you run with your vehicle(s)? What is the average duration of each shift? | |
| What is the maximum consecutive driving hours of any one driver in a 24-hour period? | |
| Are all vehicles solely owned by and registered to the applicant? ☐Yes ☐ No  **If no, there must be a lease agreement between the Named Insured and the vehicle owner. Please provide a copy of the plate registration papers, and, if applicable, lease agreements on all vehicles listed on the application/policy.** | |
| Are any vehicles customized, altered, or have special equipment? ☐Yes ☐ No  If yes, please describe (i.e. wheelchair lift, etc.): | |
|  | |

**II. FILING INFORMATION**

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| --- | --- |
| Are any filings required? ☐Yes ☐ No  If yes, please provide ICC/PUC/DOT docket number: |  |
| Name of filing authority: |  |
| List name and Address EXACTLY as it appears on filing: |  |
|  | |

1. **SAFETY PROGRAM**

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| --- | --- |
| Do you have a formal written safety program? ☐Yes ☐ No |  |
| How often do you hold safety meetings?      Do you have an accident reporting procedure? |  |
| Do you have any disciplinary procedures for drivers with moving violations? ☐Yes ☐ No  If yes, please describe: |  |
| Do you have a driver training program? ☐ Yes ☐ No (Check all that apply) |  |
| Company rules and policies ☐ Emergency procedures ☐ |  |
| Daily DOT vehicle inspection procedures ☐ Accident reporting procedures ☐ |  |
| Equipment familiarization ☐ Route familiarization ☐ |  |
| Do you have GPS or Telemetrics in the vehicles? ☐Yes ☐ No  If yes, how many vehicles are equipped and what services- metrics do the units provide?  Are vehicles equipped with cameras? ☐Yes ☐ No If yes, how long are \*.mov files kept \_\_\_\_ |  |

1. **VEHICLE MAINTENANCE/SERVICE**

|  |  |
| --- | --- |
| Does your vehicle maintenance program include the following: | |
| Service record of each vehicle ☐ Yes ☐ No |  |
| Vehicle daily condition reports ☐ Yes ☐ No |  |
| Annual written inspection ☐ Yes ☐ No |  |
| How often are these reports reviewed by management? | |
| Who services your vehicles and how often? |  |
| Is there a radio base dispatch group associated with this risk?  If so, list name and address of the dispatcher? | |

1. **DRIVER INFORMATION**

|  |  |  |
| --- | --- | --- |
| Are all drivers properly licensed and DOT compliant? ☐ Yes ☐ No  Are drivers required to obtain possess a chauffers’ license your state? ☐ Yes ☐ No |  | |
| Do all drivers have at least 5 years U.S. driving experience? ☐Yes ☐ No | |  |
| Are all drivers required to have a minimum of 2 years’ experience in similar vehicles? ☐ Yes ☐ No |  | |
| Driver Hiring Criteria: (Check all that apply) | | |
| Written Application ☐ Full Medical ☐ | | |
| Road Test ☐ Drug Testing ☐ | | |
| Written Test ☐ Current MVR ☐ | | |
| Reference Checks ☐ Criminal Background Checks ☐ | | |
| How often are MVRs checked? Quarterly ☐ Semi-annually ☐ Annually ☐ When hired ☐  Does the employer participate in the states’ License Event Notification System (LENS) Program? | | |
| During the past year, how many drivers have you added? Replaced? | | |
| Current number of drivers?      Number of Full-time drivers? | | |
| Do you have a driver incentive program? ☐Yes ☐ No | | |
| Do the drivers take the vehicles home? ☐Yes ☐ No | | |
| If yes, are any of the vehicles used by family members? ☐Yes ☐ No | | |
| If yes, please provide name, date of birth, and drivers’ license numbers: | | |

**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.

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

\* \* Resume detailing experience in cannabis operations if less than 3 years in business.

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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.**  **APPLICANT’S STATEMENT:** I, being duly authorized, 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? \_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | |  |  | | |
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Please send the complete submission to: [quotes@cluettinsurance,com](mailto:quotes@suryains.com)