PROFESSIONAL ASSOCIATION OF LIMOUSINE OPERATORS, INC.

LIMOUSINE APPLICATION

AmWINS Transportation Underwriters, Inc.
AmWINS Transportation Insurance Services
----------*Insurance*----------
13025 Danielson Street, Suite 105, Poway, CA 92064
Tel: (858)-527-3000 Fax: (877) 943-9031
CA LIC #0B50545

Member American Association of Managing General Agents

Producer Name: _____
Producer Agency: _____
Producer Ph: _____
Producer Fax: _____

IMPORTANT INSTRUCTIONS

1. Answer all questions completely.
2. This application WILL NOT be processed unless signed by the applicant and producer
3. This application **CANNOT** be processed unless the following documents are provided:
   - A. Currently valued insurance company loss runs for the current and past THREE years, or insured's resume if a new venture.
   - B. MVR records no more than thirty days old for each driver.
   - C. Copy of all vehicle registrations.

APPLICANT INFORMATION

1a. **EFFECTIVE DATE:**

1b. *FULL NAME (Including DBA and address as it appears on PUC application):

2. GARAGE ADDRESS:

3. MAILING ADDRESS (if different from above):

4. Telephone #: Fax #: Website:

5a. # of years company has been in business with current owner:

5b. # of years experience in this type of operation for owner and manager:

6. ICC/PUC/TCP #(please provide copies):

7. Named Insured: ❑ Corp. * ❑ Partnership ❑ Sole Proprietor ❑ Other

*If corporation, name the officers of the corporation:

*If corporation, list the FEIN#:

COVERAGES REQUESTED

LIABILITY COVERAGE (Specify below the coverage and limits desired)

	LIMITS
❑ Auto Liability -	$
❑ Personal Injury Protection PIP/Medical Payments	$
❑ Additional PIP if required	$
❑ Uninsured Motorists Protection -	$
❑ Hired Auto Liability	$
❑ Employers Non-Owned Liability	$
❑ Underinsured Motorist	$
❑ General Liability -	$

PHYSICAL DAMAGE COVERAGE

❑ Comprehensive/Collision	Deductible Requested	$

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OPERATIONS

1. Place and type of garaging:

Locked garage? Yes Security Patrol? Yes

2. Do employees take vehicles home? Yes Are premises secure? Yes

3. How often are vehicles serviced? Inspected? Written records kept? ❑ Yes ❑ No

4. Current total number of drivers:

5. During the last 12 months how many drivers have you: Replaced: Added:

6. Do you use owner-operators? Yes If so, how often? Attach a copy of your standard contract.

7. What was your longest trip in the last 12 months?

8. What are your most frequent destinations?

9. Do you have a safety program? Yes If so, describe it. (Pulls system?)

10. Do you have safety incentives? Yes If so, describe them. (School?)

11. Do you provide worker's compensation coverage for all of your drivers and their employees? Yes

12. Except for encumbrances, are all vehicles owned/leased by and/or registered to the applicant? Yes

13. Previous insurance experience:

POLICY PERIOD	CARRIER	POLICY NUMBER	PREMIUM	# OF LIMOS	$ LOSSES	# OF LOSSES

14. Is your present coverage being cancelled? ❑ Yes ❑ No

If yes, explain:

15. Are all vehicles that are owned, leased and/or operated by this insured, listed in this application? ❑ Yes ❑ No

If no, explain:

16. Do any of the listed vehicles have any elaborate features? i.e. Jacuzzi, extensive sound or computer systems? ❑ Yes ❑ No If yes, explain:

17. Do all drivers listed in this application have at least 3 years of driving experience in the U.S.?

❑ Yes ❑ No

PERCENTAGE OF TRANSPORTATION SERVICE PROVIDED

18. Please provide percentage of service provided by the insured for each line:

Special Occasion: _____%	Charter: _____%
Corp. Transfer (other than airport): _____%	Social Services: _____%
Airport: _____%	Funeral Services: _____%
Sr. Citizen or Daycare: _____%	Other: _____% (specify)
Sightseeing: _____%	

19. Do any of your vehicles have special equipment for transporting the handicapped? ❑ Yes ❑ No

20. Do you share dispatch services with any other entity? ❑ Yes ❑ No If Yes, explain:

21. Do you ever transport unscheduled passengers? ❑ Yes ❑ No If Yes, explain:

22. Percentage of trips arranged 24 hours or more in advance: _____%

23. Do any of the vehicles have fare boxes or meters? ❑ Yes ❑ No

23. Do any of the vehicles display promotional advertising? ❑ Yes ❑ No

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24. Are all drivers who will operate vehicles listed on this application? ❑ Yes ❑ No

If no, explain:

25: What method is used when hiring a new driver?
❑ Written Application ❑ Road Test ❑ Review of MVR prior to employment ❑ Background Check
❑ Other (explain):

26. Do you plan on expanding or adding additional vehicles during the coming year? ❑ Yes ❑ No
If yes, explain:

DRIVER'S NAME	DATE OF BIRTH	LICENSE NUMBER	# OF YRS DRIVING SIMILAR VEH	LENGTH OF EMPLOYMENT	FULL TIME/ PART TIME
1.					Part Time
2.					Part Time
3.					Part Time
4.					Part Time
5.					Part Time
6.					Part Time
7.					Part Time
8.					Part Time
9.					Part Time
10.					Part Time
11.					Part Time
12.					Part Time
13.					Part Time
14.					Part Time
15.					Part Time

ADDITIONAL INSURED'S	
1.	Name:
	Address:
2.	Name:
	Address:
3.	Name:
	Address:
4.	Name:
	Address:
5.	Name:
	Address:

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VEHICLE SCHEDULE *Enter Only If Physical Damage Coverage Is Requested

No.	YEAR / LENGTH	TRADE NAME / VIN #	LICENSE PLATE NUMBER	# OF PASS-ENGERS	RADIUS / *ALARM	*PHONE / *VCR	*STATED VALUE INCL. EQUIP.	*DEDUCTIBLE COMP/COLL
1.								
COACH BUILDER:								
LOSS PAYEE:	Name:		Address:					
2.								
COACH BUILDER:								
LOSS PAYEE:	Name:		Address:					
3.								
COACH BUILDER:								
LOSS PAYEE:	Name:		Address:					
4.								
COACH BUILDER:								
LOSS PAYEE:	Name:		Address:					
5.								
COACH BUILDER:								
LOSS PAYEE:	Name:		Address:					
6.								
COACH BUILDER:								
LOSS PAYEE:	Name:		Address:					
7.								
COACH BUILDER:								
LOSS PAYEE:	Name:		Address:					

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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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERICAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE, OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

_____ _____

Producer's Signature Date Applicant's Signature Date

(Applicable to Florida Agents Only)

_____ _____

Agent Name Date Agent License No. Date

REMARKS: _____

THE COMPLETION OF THIS APPLICATION CREATES NO EXPRESS OR IMPLIED OBLIGATION ON THE PART OF THE COMPANY TO OFFER A QUOTATION OR PROVIDE INSURANCE AS REQUESTED IN THIS APPLICATION.