

PROFESSIONAL ASSOCIATION OF
LIMOUSINE OPERATORS, INC.
(P.A.L.O)
ADMINISTRATIVE OFFICES
1061 EAST FLAMINGO AVENUE STE. #7
LAS VEGAS, NEVADA 89119

APPLICATIONS MUST BE FULLY COMPLETED AND SUBMITTED ALONG WITH YOUR COMPLETED INSURANCE APPLICATION FORM & ALL RELATED DOCUMENTS TO YOUR INSURANCE BROKER. THESE APPLICATIONS MUST BE FURNISHED TO THE STATE OF CALIFORNIA PURSUANT TO FEDERAL & STATE LAWS

THIS IS A MEMBERSHIP APPLICATION FORM AND WARRANTY FOR PURCHASING GROUP MEMBERSHIP.

This is an application to aid in determining eligibility for the purchase of _____ insurance under a master policy.

NOTICE:

THIS POLICY IS ISSUED TO YOUR PURCHASING GROUP BY AN INSURANCE COMPANY WHO IS AN ADMITTED INSURER IN YOUR STATE. THUS, YOUR PURCHASING GROUP AND THE INSURANCE COMPANY ARE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE.
STATE INSURANCE INSOLVENCY GUARANTEE FUNDS ARE AVAILABLE FOR YOUR PURCHASING GROUP AND THIS INSURANCE.

1. NAME, ADDRESS, & PHONE NUMBER OF APPLICANT: _____

2. FULL NAMES OF ALL PRINCIPLES: _____

3. EXACT NAME UNDER WHICH YOUR ORGANIZATION DOES BUSINESS, INCLUDING ANY DBA'S: _____

4. DATE BUSINESS WAS ESTABLISHED: _____

5. WHAT IS THE NATURE OF YOUR BUSINESS: _____

6. HOW MANY VEHICLES AND WHAT TYPE OF VEHICLES DO YOU OPERATE: _____

7. THERE ARE ANNUAL DUES OF \$ _____ PER APPLICANT TO BE INCLUDED WITH THIS APPLICATION WHICH ARE NOT A PART OF YOUR PREMIUM AND AN INSTALLMENT BILLING FEE FOR THOSE WHO CHOOSE TO PREPAY THEIR ANNUAL CHARGES.

PLEASE UNDERSTAND THAT APPLICATIONS WHICH ARE INCOMPLETE FOR INSURANCE PURPOSES OR WHICH ARE INCOMPLETE WITH RESPECT TO THE INFORMATION CONTAINED ON THIS FORM WILL BE REJECTED.

WARRANTY:

THE APPLICANT WARRANTS THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT. THE APPLICANT FURTHER SPECIFICALLY AGREES THAT AS A PRECONDITION OF HIS ACCEPTANCE AS A MEMBER IN THE PURCHASING GROUP, HE WILL FURNISH TO THE PURCHASING GROUP, AND TO THE MANAGING GENERAL AGENCY FOR THE INSURANCE COMPANY, A COMPLETE LIST OF ALL DRIVERS HIRED AND/OR USED BY THE COMPANY AND A COMPLETE LIST OF ALL VEHICLES UTILIZED BY THE COMPANY IN ADVANCE OF SAID UTILIZATION. ON ALL DRIVES TO BE USED BY THE COMPANY, THE APPLICANT AGREES TO FURNISH MOTOR VEHICLE REPORTS (MVR'S) CURRENT WITHIN THIRTY (30) DAYS PRECEDING THE TIME OF NOTIFICATION, AND FOR EACH VEHICLE TO BE UTILIZED. THE APPLICANT WILL FURNISH VEHICLE IDENTIFICATION NUMBER, YEAR, MAKE, MODEL, AND LICENSE NUMBER.

THE APPLICANT SPECIFICALLY AGREES THAT IF HE UTILIZED DRIVERS WHO HAVE NOT BEEN PRE-APPROVED BY THE PURCHASING GROUP, OR VEHICLES THAT HAVE NOT BEEN ADDED TO HIS VEHICLE LIST, HIS MEMBERSHIP MAY BE SUBJECT TO IMMEDIATE CANCELLATION WITHOUT ANY FURTHER NOTICE REQUIRED, THUS HIS INSURANCE WILL ALSO BE SUBJECT TO IMMEDIATE CANCELLATION. FURTHER, THE APPLICANT AGREES AND UNDERSTANDS THAT HE AND HIS COMPANY SHALL BE LIABLE TO THE PURCHASING GROUP AND THE INSURANCE COMPANY FOR ALL CLAIMS AND CLAIMS-RELATED EXPENSES ARISING OUT OF THE USE OF ANY UNAUTHORIZED DRIVER OR ANY UNAUTHORIZED VEHICLE.

Company Name: _____
By: _____ (title)
Date: _____, 20_____ .

SIGNING THIS FORM DOES NOT BIND EITHER THE APPLICANT OR THE COMPANY TO COMPLETE INSURANCE. IN THE EVENT THE APPLICATION IS REJECTED, YOUR MEMBERSHIP DENIED, THE INSURANCE IS NOT PLACED, ANY MONIES FORWARDED BY YOU WILL BE RETURNED.

DATE INSURANCE COVERAGE IS REQUESTED:

DATE APPLICATION SUBMITTED:

LIMITS OF LIABILITY REQUESTED:	
<input type="checkbox"/>	\$750,000
<input type="checkbox"/>	\$1,000,000
<input type="checkbox"/>	\$1,500,000
<input type="checkbox"/>	Other:

SUBMITTED BY:
FIRM NAME: _____

ADDRESS: _____

TELEPHONE: _____

APPLICANT SIGNATURE: _____

BROKER SIGNATURE: _____