



Insurance Innovators, Inc.

(215) 885-7300 (800) 523-6422 FAX: (215) 826-2482

www.iiigroup.com

Contact: Nick Croce, extension 130

Email: nickc@iiigroup.com

TAXI CABS SUPPLEMENTAL

(Complete in addition to *ACORD* Auto Application)

1. Agency/Broker: _____
2. Address: _____
3. Phone: _____ Fax: _____ Web Site: _____
4. Producer: _____ E-Mail Address: _____
5. Business Name (d/b/a): _____
 Corporation Partnership Sole Proprietorship Other

Description of Operations & Exposures:

6. Please indicate type of operation(s): Taxi Service Courtesy Shuttle Other
 Please describe: _____
7. Estimated time of operation per vehicle per day: _____
8. Percent of night driving: _____% Number of runs per day: _____ Dispatched Trips: _____%
9. Do you ever have occasion to transport passengers who are physically or mentally handicapped: Yes No
 If yes please fully explain: _____

If yes, please also explain if units are equipped to handle handicapped persons and if drivers/aides are trained to handle such equipment: _____

Please explain how patients, gurneys, and wheelchairs are secured: _____

10. Define all geographical areas of operations: _____
11. Do you operate over a regular route(s)? Yes No
 If yes describe: _____
12. Please list cities/states regularly entered:

City	Estimated Population	Distance from Garage Location

Driver Information:

13. List drivers with access to vehicles (including family members) below:
 (Please attach separate sheet if more room needed)

Driver's Name	DOB	Driver License Number	State	Employees (E) Owner/Op (O) Casual (C)	Years driving similar vehicles	Date of Hire	# of Accts past 3 years	# of Violations past 3 years

Driver Information Continued:

14. Do you hire any drivers under 25? : Yes No Over 65? Yes No
15. Are drivers covered by Workers Compensation Yes No
16. For all drivers, do you order: MVR's Yes No Physical Yes No
17. Are drivers paid by: Hour Load % of Gross receipts Other _____
18. Has any driver listed been convicted of a DWI/DUI of alcohol or drugs, license suspensions for moving violations, felonies, hit and run, eluding an officer, reckless/negligent operations of a vehicle, or of driving while their license suspended or revoked? Yes No
If yes, describe: _____

Vehicle Information:

19. Complete for each type of vehicle operated:

Vehicle Type	Numbers & Pieces of Equipment Seating Capacity		Radius of Operations (list # of units in each group)				Company Owned	Long Term Lease	Trip Lease from others (Avg. per mo.)	Actual Earnings Past 12 Months	Estimated Next 12 Months
	0-8	9-20	50 Mi.	200 Mi	300 Mi.	Over					
VAN										\$	\$
TAXI										\$	\$
Other _____										\$	%

20. Do your drivers own and operate their own vehicles in your business? Yes No
21. Please schedule all delivery vehicles (attach additional page if necessary):

#	Model Year	Trade Name	Body Style Passenger Capacity	Model Series & Complete VIN Number	Use Class	Garage Location	Largest City Entered
1				Mod#			
				VIN			
2				Mod#			
				VIN			
3				Mod#			
				VIN			
4				Mod#			
				VIN			
5				Mod#			
				VIN			
6				Mod#			
				VIN			
7				Mod#			
				VIN			



Safety Maintenance:

22. Is there a formal safety program in effect? Yes No
If yes, please give details and/or attach copy of your safety program: _____
23. Please explain your maintenance program (i.e., how often is maintenance done and by whom): _____
24. Do you have a written accident reporting procedure? Yes No
If yes, please describe and attach a copy: _____
25. Are periodic reviews of all drivers conducted? Yes No
If yes, how often? _____
Is any action taken against a driver for having a chargeable accident or a poor MVR? Yes No
If yes, please explain: _____
26. Do you have a driver safety incentive program? Yes No
If yes, please describe and attach a copy of program: _____
27. Are any State filings required? Yes No
If yes, please show state(s) and permit number(s): _____

READ AND SIGN BELOW:

I have received 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 bond coverage with any insurer.

Signature

Date

Print Name

Title

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



SCHEDULE OF VEHICLES

#	Model Year	Trade Name	Body Style Passenger Capacity	Model Series & Complete VIN Number	Use Class	Garage Location	Largest City Entered
				Mod#			
				VIN			
				Mod#			
				VIN			
				Mod#			
				VIN			
				Mod#			
				VIN			
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