

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
Phone: 414-778-3560 • Fax: 414-778-3598

Public Auto Supplemental Application Limousine and Airport Shuttle

1. **Indicate type of operations.** If more than one, show percentage of total:
 Limousine: operated for hire on a pre-arranged basis for special or business functions, weddings, funerals or similar purposes. %
 Airport Shuttle: transportation of passengers between airports and other passenger stations or hotels..... %
2. **List cities entered into:** _____

3. **Are vehicles equipped with alarms?** Yes No
4. **Where are the vehicles kept when not in use?** _____
5. **If vehicles are stored at one location, describe the type of location and its security:** _____

6. **Are drivers allowed to take vehicles home when not in use?** Yes No
7. **If yes, what is your policy on personal use of the vehicles?** _____

8. **Do any vehicles provide open-air seating such as rumble seats, hot tub, convertible?** Yes No
If yes, which vehicles: _____

9. **What are your estimated annual gross receipts for the coming year?** _____
10. **What are your estimated annual gross receipts for the last year?** _____
11. **What percent of your gross receipts are from overflow business from other livery services sub-contracted to you?** %
12. **Do you lease or borrow vehicles from others?** Yes No
With or without drivers? _____ If yes, attach a copy of the agreement used.
13. **What is your total cost to lease vehicles?** _____
14. **At any time will leased vehicles be scheduled on your policy?** Yes No
If yes, explain: _____

15. **Do you lease or loan your vehicles to others?** Yes No
With or without drivers? _____ If yes, attach a copy of the agreement used.

16. Are any lessors or others intended to be additional insureds? Yes No

If yes, list:

NAME	VEHICLE	ADDRESS	RELATIONSHIP/INTEREST

17. Do you plan on expanding or adding additional vehicles during the coming year? Yes No

If yes, explain: _____

18. Do you operate any other type of public livery operations? Yes No

If yes, explain the type of operation and where it is insured: _____

DRIVER INFORMATION

1. What method is used when hiring a new driver?

Written application Road test Review of MVR prior to employment Background check

Other Explain: _____

2. Are new drivers required to ride with an experienced driver? Yes No

3. Is previous chauffeur experience required? Yes No

4. Minimum driving experience required: _____ years

5. Maximum number of driving violations allowed: _____

6. Maximum number of accidents allowed: _____

7. Current number of full-time drivers: _____

8. During the last 12 months, how many full-time drivers did you hire? _____

9. How many part-time/seasonal drivers do you have? _____

10. How many owner/operators or leased drivers were used? _____

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 commercial 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.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner, or executive officer.)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)