



**Named Insured:** \_\_\_\_\_ **Web site Address:** \_\_\_\_\_

**Named Insured's e-mail address:** \_\_\_\_\_

**Federal Tax ID:** \_\_\_\_\_

**I. ELIGIBILITY**

1. Are at least 80% of the operations derived from **pre-arranged** transportation services? Yes  No
2. Does more than 20% of revenue come from:
  - Taxi Services** (either metered or dispatched)? Yes  No
  - Shuttle Services** (operating on a pre-determined schedule)? Yes  No
  - Para transit Services?** Yes  No
3. Does owner have at least three years of prior industry ownership and/or management of a limousine company? Yes  No   
 Describe experience if less than 3 years in business: \_\_\_\_\_
4. **Owner(s)** actively involved in the business? Yes  No
5. Are all vehicles **both titled and registered** to the named insured? Yes  No
6. Are all **stretched vehicles** either **QVM or CMC** certified? If not, please identify coachbuilder for each stretched vehicle on separate sheet of paper. NA  Yes  No

**II. INSURED INFORMATION & DESCRIPTION OF OPERATIONS**

1. Names of all entities to be insured, address, year established, detailed description of each operation and their relationship to the insured:
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_

2. Do you have FMCSA Authority (Federal Motor Carrier Association)? Yes  No   
 If yes, please provide the US DOT, MC and state number if applicable.  
 MC# \_\_\_\_\_ US DOT # \_\_\_\_\_ State (Case)# \_\_\_\_\_

3. Please provide copies of all required filings (e.g. local, state & federal)
4. What is percentage of revenue generated through Web site? \_\_\_\_\_%
5. If confidential information is received, is website secured? NA  Yes  No

6. Please detail the types of operations performed by the Insured:

<i>Operation</i>	<i>Receipts and / or % of operations</i>	<i>Comment</i>
Wedding Services	\$ _____ %	
Prom Night	\$ _____ %	Prom Contract in Place? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
Corporate	\$ _____ %	Percent of corporate which is to
Night on Town	\$ _____ %	& from the airport: _____%
Funerals	\$ _____ %	
Airport Service	\$ _____ %	Airports Served: _____
Scheduled Shuttle Service	\$ _____ %	Includes airport shuttles
"Other"	\$ _____ %	Describe: _____
<b>Total</b>	<b>\$ _____ 100%</b>	



7. List the top 5 destinations your vehicles have most frequently visited in the past 12 months in order of highest to lowest percentage.

1. _____	_____ %	4. _____	_____ %
2. _____	_____ %	5. _____	_____ %
3. _____	_____ %		

8. Provide details regarding fleet size and premium over the past four years.

<i>Term</i>	<i>No. of Units</i>	<i>Premiums</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Does **any** named insured operate, even if separately insured, any businesses other than the limousine business being submitted for coverage? Yes  No

If yes, please describe and provide FEIN #: \_\_\_\_\_

10. Is operation of vehicles over 14 passengers restricted to drivers that carry a valid CDL? Yes  No   
Are any vehicles over 14 passengers used as a tour bus? Yes  No

11. Indicate which precautions have been taken to prevent theft and vandalism:  
Indoor Garaging  Fenced  24 hour security  Lit lot  Vehicle alarms   
Premises alarms  Other : \_\_\_\_\_

12. What percentage of your vehicles are equipped with a GPS system? \_\_\_\_\_ %

13. What percentage of your vehicles are equipped with video camera/surveillance systems or other similar device? \_\_\_\_\_ %

14. Are vehicles centrally garaged while not in use? Yes  No

15. Are alcoholic beverages sold? Yes  No

• Do you provide "complimentary" alcoholic beverages? Yes  No

• If Yes to either of the above, please describe: \_\_\_\_\_

• Do you prohibit minors from consuming alcohol or drugs in the vehicle? Yes  No

16. Do you ever borrow, hire or rent vehicles **from others** for use in your business? Yes  No

If yes, please describe type(s) of vehicle, how often, use of vehicle and "cost of hire"? \_\_\_\_\_

17. Do you subcontract work to "affiliates" of yours? Yes  No

If yes, please describe type(s) of vehicle, how often used, and use of vehicle? \_\_\_\_\_

• Receipts from above subcontracted operations: \$ \_\_\_\_\_

• Are certificates of insurance obtained? Please advise Limit of Yes  No  Limit \$ \_\_\_\_\_



Insurance required of the Sub-Contractor. \_\_\_\_\_

III. EMPLOYEE & DRIVER MANAGEMENT

- 1. Which of the following are used in the hiring of employees (including drivers)?
  - a. Written application Yes  No
  - b. MVR's    Every quarter     Every 6 months     Every Year     When Hired
  - c. Reference Checks Yes  No
  - d. Criminal Background Checks Yes  No
  - e. Road Test Yes  No
  - f. Number of prior years limo driving required? \_\_\_\_\_
  - g. Drug Testing (required for CDL) Yes  No
  - h. Physical Exam for drivers Yes  No
  - i. Physical Examinations for drivers over age 70? Yes  No

2. Describe disciplinary procedure for moving violations and accidents: \_\_\_\_\_

3. Describe driver training program (e.g., The Hartford 3D, National Safety Council, Smith System or other): \_\_\_\_\_

- Does driver training include the following:
  - Company rules & policies Yes  No
  - Daily vehicle inspection procedure Yes  No
  - Equipment familiarization Yes  No
  - Emergency procedures Yes  No
  - Accident reporting procedures Yes  No
  - Servicing or handling of passengers Yes  No

4. Describe accident investigation program or attach material: \_\_\_\_\_

IV. VEHICLE MAINTENANCE/SERVICE

- 1 Does vehicle maintenance program include the following:
  - Service record of each vehicle? Yes  No
  - Trip or vehicle condition report? Yes  No
  - Annual Inspections? Yes  No

2. Do you service your own vehicles? If no, explain: \_\_\_\_\_ Yes  No

- 3 How many mechanics do you employ? # \_\_\_\_\_
  - Mechanic Payroll \$ \_\_\_\_\_
  - Total receipts for garage operations \$ \_\_\_\_\_
  - Do you have a parts department? Yes  No
  - Are there any retail sales of auto parts? If yes, please provide details Yes  No



4. How many lifts do you have in your garage? #
5. Do you service vehicles owned by others? Yes  No  If yes, please provide details \_\_\_\_\_
6. How many vehicles of others would be in your care, custody and control at any one time? Please \$  
advise the maximum dollar value at any one time.
7. Do you want a quote for Garage Liability and/or Garagekeepers coverage? If yes, please complete  
the Garage ACORD Applications. Yes  No

**FRAUD & APPLICANT'S STATEMENT**

**Countrywide Fraud Statements**

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.

**FRAUD WARNING STATEMENTS**

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 POLICY HOLDER 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.

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 MAYBE 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.

TENNESSEE: 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.

WEST VIRGINIA: 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.

**SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. 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 of 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)	_____		

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|--|--|
| <ul style="list-style-type: none"> <li>First State Insurance Company</li> <li>Hartford Accident and Indemnity Company</li> <li>Hartford Casualty Insurance Company</li> <li>Hartford Fire Insurance Company</li> <li>Hartford Insurance Company of Illinois</li> <li>Hartford Insurance Company of the Midwest</li> <li>Hartford Insurance Company of the Southeast</li> <li>Hartford Lloyd's Insurance Company</li> <li>Hartford Underwriters Insurance Company</li> <li>New England Insurance Company</li> </ul> | <ul style="list-style-type: none"> <li>New England Reinsurance Corporation</li> <li>Nutmeg Insurance Company</li> <li>Omni Indemnity Company</li> <li>Omni Insurance Company</li> <li>Pacific Insurance Company, Limited</li> <li>Property and Casualty Insurance Company of Hartford</li> <li>Sentinel Insurance Company, Ltd.</li> <li>Trumbull Insurance Company</li> <li>Twin City Fire Insurance Company</li> </ul> |
|--|--|

V. PRODUCER SUBMISSION REQUIREMENTS

1. This supplemental application, signed by the insured.
2. Description of why the account is an opportunity, and what we can do to meet your expectations (i.e., target premium, etc.).
3. ACORD Applications for coverages desired. Vehicle schedule should include radius, length of stretched vehicles, number of passengers, cost new, garaging and territory of operation. Please provide name of coachbuilder for any non-QVM/non-CMC certified vehicles.
4. Four years of hard copy loss runs, valued within the past 6 months. Include details on claims over \$25,000 and



corrective measures taken to prevent similar type losses.

5. Are you the current agent on this account? Yes  No

6. Any information about your safety program that you feel would be beneficial to share. \_\_\_\_\_

V. SEND ABOVE INFORMATION TO THE FOLLOWING ADDRESS:

Willis Programs of Connecticut, Inc.  
LimousineGuard Program  
Attn: Jeff Blumberger  
185 Asylum Street, 25<sup>th</sup> Floor  
Hartford, CT 06103

Phone: (800) 332-5564  
Fax: (860) 520-1145