

FOR-HIRE TRANSPORTATION APPLICATION

Quotes are only provided upon receipt of a complete application package

Fully completed For-Hire Transportation Application
 Complete Driver Schedule – Preferably in an Excel format if more than 4 drivers
 Complete Vehicle Schedule – Preferably in an Excel format if more than 4 vehicles
 MVRs for all drivers – *In case of duplicate submission situation, the agent who submits the most complete submission will get the account.*
 If Business established less than two years, will need owner(s) prior related experience
 Current valued 3 years' Loss Runs. If in business less than 3 years, then Loss Runs for the number of years insured.

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____ DBA: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Website Address: _____

Do you have more than one location? Yes No

Physical Address of Business (if different from mailing address): _____

City: _____ State: _____ Zip: _____

Physical Address of Business (other locations): _____

City: _____ State: _____ Zip: _____

Is this a New Venture? Yes No FEIN (or SSN if Proprietorship): _____

Corporation LLC Partnership Sole Proprietor Other: _____

Please list the business owners and corporate officers

NAME	ROLE	CONTACT NUMBER	E-MAIL ADDRESS

B. Insurance History

Why is the insured seeking new coverage? _____

What is the target premium? _____ Is the current insurance carrier offering a renewal? Yes No

If yes, please provide the premium offered: _____ If no, explain: _____

Current coverage/company information:

COMPANY NAME	COVERAGE	LIMITS	ANNUAL PREMIUM

Provide names for all insurance companies that have provided applicant insurance for the last three years:

COMPANY NAME	EFFECTIVE DATES	COVERAGE TYPE	LIMITS	ANNUAL PREMIUM

Has the applicant or any predecessor ever had a claim? Yes No

Policy Term	Driver	Claim Details	Claim Status	Total Incurred

*** Attach/upload a current valued 3-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication). Insured with 10 or more units will require 5 years' loss/claims history.

Are you aware of any incident, event, or occurrence, loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier? Yes No

If yes, please explain: _____

C. Desired Insurance

<input type="checkbox"/>	\$125,000 / \$250,000 / \$50,000	<input type="checkbox"/>	\$125,000 / \$250,000 / \$100,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$125,000 / \$300,000 / \$50,000	<input type="checkbox"/>	\$125,000 / \$300,000 / \$100,000	<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$250,000 / \$250,000 / \$50,000	<input type="checkbox"/>	\$250,000 / \$250,000 / \$100,000	<input type="checkbox"/>	\$1,000,000***

*** \$1 million limit is currently only offered for Limo operations (No New Ventures – without prior experience and no violations)

Self-Insured Retention (SIR): \$0 \$1,000 \$2,500 \$5,000 \$10,000
 Uninsured/Underinsured Motorists: Yes No Statutory Limits: \$10,000 / \$20,000
 Personal Injury Protection (PIP): Yes No Statutory Limits: \$10,000
 Physical Damage Deductible: \$500 \$1,000 \$2,000 \$3,000 \$5,000

D. Business Operations

Description of operations (check all that apply): **We do not write TNC Operations – Uber, Lyft, etc.**

Operations Type	%	Vehicle Count	Operations Type	%	Vehicle Count	Operations Type	%	Vehicle Count
Airport Limo			Car Service			Limousine		
Airport Shuttle			Day Care			Non-Emergency Medical Transportation		
Camp Vans			Employee Transportation			Taxi		

Other: _____

Will any NEMT transportation brokers need to be listed as an additional insured? Yes No
 (If yes, provide list of names and address)

Please provide names of dispatched services contracted with: _____

Is non-emergency medical transportation (NEMT) services 20% or more broker dispatched? Yes No

Do you maintain a Driver Availability Log? Yes No

Does the insured have any contract requirements? (Provide copy of contract) Yes No
 If so, what kind? _____

Does this include any type of manuals (i.e. Passenger Safety Training, Broker Procedural Requirements?) Yes No
 (Provide copy of manual/s)

Do you use any special equipment to transport passengers or patients? Yes No
 If yes, please describe the equipment used: _____

Are any trips arranged through a Transportation Network Company (ridesharing) such as Uber, Lyft, Sidecar, etc? Yes No

What is the maximum radius of your operation? 0–50 miles 50–100 miles 100+ miles

What is the average distance from the origination of passenger pickup to drop off? _____

To what cities do you travel? _____

Do you operate in more than one state? Yes No If yes, what other states? _____

Are there any vehicles owned by others that operate under your authority? Yes No

Do you operate your own auto mechanical repair and maintenance service garage for all owned autos? Yes No

If yes, are you providing repair and maintenance services to non-owned autos? Yes No

Do you provide taxis to drivers on a daily rental basis? Yes No

Do vehicles in service have multiple shifts per day? Yes No
(Defined as more than 12 hours of use in a 24-hour period)

Are the majority of the vehicles on a pre-arranged basis? Yes No

Are the majority (80% or more) of the dispatches to the airport or seaport? Yes No

If yes, will the airport or seaport be listed as an additional insured in the application? Yes No

Risk Management

Does your company have a position whose job description provides risk management or loss control, performs safety inspections, or regularly scheduled safety training services? Yes No

Describe your company's maintenance and inspection program that qualifies your vehicles to be used for the services provided (please include a copy of your formal inspection and maintenance written procedure manual): _____

Describe Driver Training policies and procedures and safety in detail (if you have written policies and procedures, please include a copy): _____

Does the company have a camera installed for protection purposes? Yes No
 If yes, is it a two-way camera? Yes No

Do you have Interstate Commerce Commission (ICC) authority? Yes No

Robertson Ryan Insurance

If yes, what is the ICC Docket Number? _____

List states in which you have operating authority: _____

Form E Form H Other: _____

Drivers

Are drivers required to complete a signed and dated inspection report form, identifying the condition of the auto at the end of each shift during a 24-hour period? Yes No

Please describe the hiring practices (MVR, Drug Testing, Experience Level, etc.): _____

OPERATOR SCHEDULE

An electronic list is mandatory for lists that exceed four drivers or four vehicles.

Driver # _____ Driver name: _____

Home phone: _____ Cell phone: _____ E-mail: _____

DATE OF BIRTH	YEARS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	P.A.S.S CERTIFIED

Violations/Accidents/Claims: _____

Driver # _____ Driver name: _____

Home phone: _____ Cell phone: _____ E-mail: _____

DATE OF BIRTH	YEARS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	P.A.S.S CERTIFIED

Violations/Accidents/Claims: _____

Driver # _____ Driver name: _____

Home phone: _____ Cell phone: _____ E-mail: _____

DATE OF BIRTH	YEARS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	P.A.S.S CERTIFIED

Violations/Accidents/Claims: _____

Driver # _____ Driver name: _____

Home phone: _____ Cell phone: _____ E-mail: _____

DATE OF BIRTH	YEARS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	P.A.S.S CERTIFIED

Violations/Accidents/Claims: _____

If any driver(s) should be specifically excluded from the policy, please attach a separate list.

NOTE: Driver and vehicle information must be submitted and accepted by insurer for coverage to apply.

VEHICLE SCHEDULE

Vehicle #: _____

Year		Make		Model		VIN	
Seating Capacity		Wheelchair Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stretcher	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Actual Cash Value				Radius			
Garaging Address							

Vehicle #: _____

Year		Make		Model		VIN	
Seating Capacity		Wheelchair Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stretcher	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Actual Cash Value				Radius			
Garaging Address							

Vehicle #: _____

Year		Make		Model		VIN	
Seating Capacity		Wheelchair Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stretcher	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Actual Cash Value				Radius			
Garaging Address							

Vehicle #: _____

Year		Make		Model		VIN	
Seating Capacity		Wheelchair Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stretcher	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Actual Cash Value				Radius			
Garaging Address							

Vehicle #: _____

Year		Make		Model		VIN	
Seating Capacity		Wheelchair Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stretcher	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Actual Cash Value				Radius			
Garaging Address							

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

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.

Dated: _____

Dated: _____

Applicant: _____

Agent/Broker: _____

Applicant Signature

Agent/Broker Signature

Print Name

Print Name