

Livery Exchange Application

877-4-LIVERY (877-454-8379)
<http://www.liveryexchange.com>

Fax: 508-755-1724
info@liveryexchange.com

A fully completed application must include

- Insurance co. loss runs for current and past four years, run within past six months.
- Completed Driver Schedule, with current MVRs (less than 3 months old)
- Completed Vehicle Schedule and copies of Registrations.
- Copy of your current Auto and Workers Comp policies
- Copy of your Employment Application
- Detailed written description of your operation

Effective Date _____ Quotation needed by _____

Member Information:

Company Name (incl. dba): _____

Corporation Partnership Sole Proprietor Other: _____

Address: _____
Street Address City State Zip

Phone: _____ Fax: _____ E-mail: _____

Contact Person: _____ Title: _____

Applicant Information:

Garage Address: _____

Years in Business: _____ ICC/PUC docket number: _____

Does Owner have Other Employment? Yes No

If yes, please explain _____

Operations:

Estimated Mileage: _____ Gross Receipts: _____

Type of garaging: Indoor Outdoor Fenced Security: _____

Do employees take vehicles home? Yes No

If yes, how are they garaged? On Street Off Street N/A

How often are vehicles serviced and inspected? _____

By whom & how often? _____

Do you own or operate equipment not listed on the schedule? Yes No

Do any of your autos use fare boxes or meters? Yes No

Are your vehicles equipped with two-way radios? Yes No

Are you affiliated with a radio base I group? Yes No

With whom? _____ If not, please sign: _____

What was your longest round-trip within the last 12 months? _____

What are your three most frequent destinations, with percentage of trips?

Destination (include City and State)	Percentage

What percentage of your trips are: Airport _____ Weddings _____ Funerals _____
Prom _____ Nights Out _____ Other _____

What percentage of your airport work is Corporate? _____

What percentage of your reservations are made 24 hours in advance? _____

Do you transport professional athletic teams or entertainers? Yes No

Driver Profile

Number of drivers with the following years of experience:

0-1 years _____ 1-3-years _____ 3-5 years _____ over 5 years _____

Any Driver involved in more than one claim incident during the past 3 years? Yes No

If Yes, describe _____

Do your driver selection procedures include?

- | | | | |
|-----------------------------------|---|-------------------------------|---|
| 1. Reference checks? | Y <input type="checkbox"/> N <input type="checkbox"/> | 4. Written application? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 2. Pre-employment physical? | Y <input type="checkbox"/> N <input type="checkbox"/> | 5. Drug Testing? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 3. Written test with Certificate? | Y <input type="checkbox"/> N <input type="checkbox"/> | 6. Commercial Drivers License | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | (# of Drivers _____) | |

Does driver training Include?

- | | |
|---|--|
| 1. Daily DOT vehicle inspection procedures? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Road Testing | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Accident Reporting Procedures? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Equipment familiarization? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Route Familiarization? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. First Aid training? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Company rules & Policies? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Are accident records included in file? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Does your company participate in the Master Chauffeur Program? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Number of drivers who are: Employees _____ Independent Contractors _____

Do you provide workers' compensation for all drivers and employees? Yes No

In the last 12 months how many drivers have you replaced? _____ Added? _____

What is the minimum age of drivers? _____ What is the maximum age of drivers? _____

Do you have a driver recruitment program? Yes No
 If yes, please explain: _____

Expected Cost of Hire next year? _____

Do you lease vehicles from others? Yes No

If you use owner-operators, are you Additional Insured on their policy? Yes No
 If yes, please include sample certificate of insurance

General Information:

Do you operate any metered vehicles? Yes No
 Are all Stretch Limos (over 60 inches long) QVM Certified? Yes No NA
 Does your company have an in-house safety program? Yes No
 Does your company have a chauffeur-training program? Yes No

If yes, please explain _____

Loss History

Policy Period	Carrier	# units	Premium	# claims	Amount Incurred

*Please give details of all losses that exceeded \$25,000

Is your present policy being canceled? Yes No

Have you ever obtained insurance through an Assigned Risk Plan? Yes No

If yes, please explain: _____

Have you filed, or do you plan to file for reorganization or bankruptcy? Yes No

Provide the name(s) of any public transportation entities not covered under this application in which the named insured or any of its officers, directors, partners or stockholders have a direct or indirect ownership interest _____

Except for liens, are all autos owned by, leased to or registered to you? Yes No

If No, please explain: _____

The completion of this application creates no express or implied obligation on the part of Wolpert Insurance Agency to offer a quotation, or provide insurance as requested in this application.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

By signing this application, you give us the right to examine or inspect files, records, documents and equipment in order to determine the accuracy of the information stated herein.

 Producer Signature

 Signature of Named Insured & Title

 Date

