

WF CLAYTON LIMO SUPPLEMENTAL APPLICATION

Named Insured: _____	Effective Date: _____
Insured's Address: _____	
Principal Garaging Address: _____	
Federal Tax ID: _____	
Are you the incumbent agency? Yes <input type="checkbox"/> No <input type="checkbox"/>	

I ELIGIBILITY

1. What % of the operations derived from transportation services prearranged 24 hours in advance? _____ %
2. Do you perform any UBER, TNC or similar work? Yes No
If yes, what percentage of your trips are affiliated with this type of work? _____ %
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

II INSURED INFORMATION & DESCRIPTION OF OPERATIONS

1. Names of all entities to be insured, address, year established, detailed description of each operation of 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. Please detail the types of operations performed by the Insured:

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

5. List the top 6 destinations your vehicles have most frequently visited in the past 12 months in order of highest to lowest percentage.

1. _____	%	2. _____	%
3. _____	%	4. _____	%
5. _____	%	6. _____	%

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

<u>Term</u>	<u>No. of Units</u>	<u>Premium</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If yes, please describe and provide FEIN #: _____

8. 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

9. Indicate which precautions have been taken to prevent theft and vandalism:

Indoor Garaging Fenced 24 hour security Lit lot Vehicle alarms
 Premises alarms Other

10. What percentage of your vehicles are equipped with a GPS system? _____ %

11. What percentage of your vehicles are equipped with video camera/surveillances systems or other similar vehicles? _____ %

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

13. Indicate % of personal use of units _____ %

14. 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

15. 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"

16. Do you subcontract work to "affiliates" or yours? Yes No

If Yes, please describe type(s) of vehicle, how often used, and use of vehicles?

- Receipts from above subcontracted operations: \$
- Are certificates of insurance obtained? Please advise Limit of Insurance required of the Sub-Contractor. Yes No Limit \$

III. EMPLOYEE & DRIVER MANAGEMENT

1. Which of the following are used in the hiring of employees (including drivers?)

a. Written application	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. MVR's Every quarter <input type="checkbox"/> Every 6 months <input type="checkbox"/> Every Year <input type="checkbox"/> When Hired <input type="checkbox"/>	
c. Reference Checks	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Criminal Background Checks	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Road Test	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Number of prior years limo driving required? _____	
g. Drug Testing (required for CDL)	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Physical Exam for drivers over age 65?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Describe disciplinary procedure for moving violations and accidents:

3. Describe driver training program

 - Does driver training include the following:

o Company rules & policies	Yes <input type="checkbox"/> No <input type="checkbox"/>
o Daily vehicle inspection procedure	Yes <input type="checkbox"/> No <input type="checkbox"/>
o Equipment familiarization	Yes <input type="checkbox"/> No <input type="checkbox"/>
o Accident reporting procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>
o Servicing or handling of passengers	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Describe accident investigation program or attach material:

5. Are drivers employees or independent contractors

6. Are all drivers covered by workers compensation? Yes No

IV. VEHICLE MAINTENANCE/SERVICE

1. Does vehicle maintenance program include the following:

• Service record of each vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Trip or vehicle condition report?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Annual Inspections?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
• Are there any retail sales of auto parts? If Yes, please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. How many lifts do you have in your garage? # _____

5. Do you service vehicles owned by other? 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

APPLICANT'S STATEMENT: I 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.)

FRAUD STATEMENT – NEW YORK INSURANCE LAW. 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 act, which is a crime.

Applicant Signature:	_____	
Title:	_____	Date: _____

V. PRODUCERS SUBMISSION REQUIREMENTS

1. This supplemental application, signed by the insured.
2. ACORD Applications for coverages desired. Vehicle schedule should include radius, length of stretched vehicles, number of passengers, stated amount, garaging and territory of operation.
3. Five years of hard copy loss runs valued within last 60 days. Include details on claims over \$25,000 and corrective measures taken to prevent similar type losses.
4. Are you the current agent on this account?

VI. SEND ABOVE INFORMATION TO THE FOLLOWING ADDRESS:

WF Clayton & Associates, LLC
Attention: WFC Marketing – Veronica Barkman
One International Blvd, Suite 405
Mahwah, NJ 07495
Ph: (201) 252-3035
F: (201) 252-3031
wfcmarketing@wfclayton.com