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**TAXI SUPPLEMENTAL APPLICATION**

It is specifically represented that the statements in this application are true and correct.

**ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

**GENERAL INFORMATION**

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

**I INSURED INFORMATION & DESCRIPTION OF OPERATIONS**

1. Detailed description of your operations: \_\_\_\_\_
2. Association Memberships: TLPA          NLA          Other (Describe)
3. Are your filings required? Yes  No   
If Yes, please provide the **ICC/PUC** docket number:
4. How many years has this organization been under the present name?
5. Years in business:
6. List all subsidiaries:
7. What percentage of your business is dispatched? %
8. Do you share dispatch services with any other company? Yes  No
9. Please provide names of organizations that you have current contracts with to provide transportation services.
10. Radius of operation: 0-50 Miles          % 51-200 Miles          % Over 200 Miles          %
11. List the cities in which you have operating authority:
12. Major Metropolitan Area(s) Served:
13. With a total of 100%, what percentage of your trips are:  
 Airport          % Corporate          % Non-emergency medical          % Disabled/Handicapped          %  
 School          % Scheduled Shuttle Service          % Other (please explain)
14. Are vehicles used for any other purpose other than transporting passengers for hire? If so, explain
15. Do you operate with any transportation network company such as UBER/LYFT/Sidecar? Yes  No

## II VEHICLE INFORMATION

1. Do you have a formal safety program? Yes  No
2. How many vehicles do you own?
3. How many shifts do you run with your vehicles?
4. Are all vehicles both titled and registered to the named insured? Yes  No   
**If no, there must be a lease agreement between the Named Insured and the vehicle owner.**
5. Are all vehicles titled and/licensed in the State in which they operate? Yes  No   
**Please provide a copy of all vehicle registration verifying ownership of scheduled vehicles. If applicable, provide lease agreements on all vehicles listed on the application/policy. The policy will only include those vehicles where the Named Insured owns the permits/medallions.**
6. Do you subcontract work to others? Yes  No   
 If so, are certificates of insurance obtained? Yes  No   
 What limits of liability do you require? (Should be at least equal to your own.) \$
7. Do you have a written vehicle maintenance program? Yes  No   
 Vehicles are serviced on the following regular basis: 3,000 miles      Monthly  
 Semi-annually      Other  
 If other, please explain
8. Who provides maintenance on your vehicles?
9. Are daily or pre-trip inspections made to the vehicles? Yes  No
10. How many plates are you registered to operate?
11. At which airport(s), if any, do you pick up or deliver?
12. Are any of your taxis equipped with:
  - A: Lift out or Pull out Ramps? Yes  No
  - B: Mechanical Lifts? Yes  No
  - C: Wheelchair Passenger/Patient Safety Restraint System? Yes  No
  - E: Ambulatory Passenger/Patient Safety Restraint System? Yes  No

### **III DRIVER INFORMATION**

1. Driver hiring criteria: Written application? Yes  No
2. Do you review MVRs before hiring? Yes  No
3. Any age requirements for drivers? Yes  No
4. Do you have a driver training program? Yes  No
5. Do you hold regular safety meetings? Yes  No
6. Are drivers trained to assist elderly/handicapped passengers? Yes  No
7. Do you have a drug testing policy? Yes  No
8. Are post-accident drug testing procedures in place? Yes  No

If yes to either or both questions, please give a brief description: \_\_\_\_\_

9. Are drivers employees or independent operators?
10. Do provide Workers Compensation Coverage on your drivers? Yes  No
11. Do the drivers take the vehicles home? Yes  No
12. If yes, are any of the vehicles used by family members? Yes  No

If yes, please provide name, date of birth, and driver's license number:

13. Do you have a driver incentive program? Yes  No

If yes, please explain:

14. Current number of drivers?
15. During the past year how many drivers have you      Added?      Replaced?
16. How often are drivers' MVRs checked? Annually      Semi-annually  
Quarterly      After an accident

17. Are MVRs obtained and reviewed prior to hiring new drivers? Yes  No
18. Are accident investigation and review procedures, including records, maintained? Yes  No
19. Do the review procedures include driver disciplinary procedures? Yes  No

If yes, please explain:

20. Indicate percentage of personal use (if any) \_\_\_\_\_ %

The completion of this application creates no express or implied obligation on the part of the company or its manager to offer a quotation or provide insurance.

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 and subjects the person to criminal and civil penalties.

_____ Signature of Insured	_____ Title	_____ Date
_____ Producer's Signature	_____ Date	

**IV COMPLETE SUBMISSION REQUIREMENTS:**

1. This supplemental application, signed by the insured.
2. Current applicable ACORD Applications for coverages desired. Vehicle schedule should include 17 digit VIN number, radius, length of stretch vehicles and number of passengers.
3. Minimum of 5 years of hard copy loss runs valued within the last 90 days. Include details on claims over \$10,000.
4. Current Drivers list and MVRs. Drivers list must include family members who have access to company vehicles.
5. Provide details regarding fleet size and premium over the past four years.

<u>Term</u>	<u>Number of Units</u>	<u>Premium</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**V 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](mailto:wfcmarketing@wfclayton.com)