



8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 877-585-2853 • Fax 877-585-2854

PUBLIC LIVERY

Proposed effective date: _____ When is the quote needed by?: _____

Are you working with an agent/broker? Yes No

Producer name: _____ Producer phone number: _____

Producer e-mail: _____

A. General Information

Applicant's name: _____

Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Business telephone number: _____ Fax: _____

Do you have more than one location? Yes No

Physical address of business if different: _____

City: _____ State: _____ Zip: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No

Date business started: _____ Years in business: _____

Please list the business owners and decision makers involved in the business:

Name	Role	Contact Number	E-mail Address

Annual payroll: \$ _____ Annual gross receipts: \$ _____

Does the insured have any contract requirements? (If yes, please attach a copy) Yes No

B. Insurance History

Why is the insured seeking new coverage?: _____

What is the target premium?: _____

Is the current insurance carrier offering a renewal quote? 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			
Expiration date			
Annual premium	\$	\$	\$
Limits			
Coverage type			

Are any other markets offering coverage? Yes No

If no, please explain: _____

If yes, please provide limits, coverage and premium: _____

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

Policy term		Paid claims	Reserved claims	Total incurred claims
From	To			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

Attach/ upload a five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).

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

Per person/per act/property damage

Single limit

<input type="checkbox"/>	\$15,000/\$30,000/\$5,000	<input type="checkbox"/>	\$100,000/\$300,000/\$50,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$25,000/\$50,000/\$10,000	<input type="checkbox"/>	\$250,000/\$500,000/\$100,000	<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$50,000/\$100,000/\$25,000	<input type="checkbox"/>	\$250,000/\$1,000,000/\$100,000	<input type="checkbox"/>	\$1,000,000
<input type="checkbox"/>	\$100,000/\$250,000/\$100,000	<input type="checkbox"/>	Other _____/_____/_____	<input type="checkbox"/>	\$5,000,000

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Uninsured/Underinsured Motorists: Yes No statutory limits \$ _____

Personal Injury Protection (PIP) – no fault- Yes No statutory limits \$ _____

Physical Damage Deductible: \$500 \$750 \$1,000 \$5,000 Other: \$ _____

D. Business Operations

Type of business in which vehicles are used?

Taxi service Limousine service/black car Airport bus/limo service Inner city bus

Charter bus Site seeing/tour bus Social service/paratransit Bus (NOC).

Do you use any special equipment to transport passengers or patients? Yes No

If yes, please describe the equipment used: _____

Do you or your business engage in ride share applications? Yes No

If yes, please provide the companies you are under contract with: _____

What is the percentage of your business associated to ride share applications? _____

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 are the 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

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 policies and procedures and safety in detail (if you have written policies and procedures, or an employee manual, please include a copy): _____

Does the company have a camera installed for protection purposes?

Yes No

If yes, is it a one-way or a two-way camera?

One-way Two-way

If one-way, which direction does it point?: _____

Do you have Interstate Commerce Commission (ICC) authority?

Yes No

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:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

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

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/accidents/claims: _____

Driver # _____ **Driver name:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

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

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/accidents/claims: _____

Driver # _____ **Driver name:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

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

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/accidents/claims: _____

Driver # _____ **Driver name:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

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

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/accidents/claims: _____

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

If available, please attach a copy of the MVR and driver's license for each driver.

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

Vehicle Schedule

Medallion number: _____

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
Passenger capacity				Wheelchair lift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
V.I.N.				Territory	
Type		License state		Radius	
City, state, zip where garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
Passenger capacity				Wheelchair lift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
V.I.N.				Territory	
Type		License state		Radius	
City, state, zip where garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
Passenger capacity				Wheelchair lift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
V.I.N.				Territory	
Type		License state		Radius	
City, state, zip where garaged					
Actual Cash Value			GVW/GCW		

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.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature Signature

Print name Print name