

LIMOUSINE INSURANCE APPLICATION

Please remember to save a copy of your completed application on your computer in order to attach it to an e-mail. Thank you.

| APPLICANT INFORMATION | |
|---|--|
| Business Name (First Named Insured): | DBA: _____ |
| Inspection Contact Name: | |
| Organization Type: | <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER |
| Desired Effective Date: | |
| Business Type: | <input type="checkbox"/> TAXI <input type="checkbox"/> NON-EMERGENCY <input type="checkbox"/> LIMO <input type="checkbox"/> OTHER |
| Mailing Address: | |
| Garaging Address: | |
| Phone /Fax Number: | |
| E-mail Address: | |
| PUC/ICC Docket Number: | |
| Number of Years in Business | _____ YEARS |
| Additional Insureds: | |
| Is this a New Venture? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever driven or been associated with another company? If so, what is the name of the company and dates? | NAME: _____ DATES: _____ |

| COVERAGES <i>(actual coverages may differ from this application)</i> | |
|---|---|
| TYPE | LIMITS OF LIABILITY |
| Bodily Injury / Property Damage Liability: | _____ DEDUCTIBLE |
| Uninsured Motorist: | |
| Underinsured Motorist: | |
| Comprehensive / Collision (min. \$1,000 Deductible): | <input type="checkbox"/> ACV <input type="checkbox"/> _____:STATED AMOUNT _____ DEDUCTIBLE |
| Medical Payments: | |
| PIP (not applicable in all states): | |
| Territory of Operation: | |

| VEHICLE SCHEDULE <i>(if you have additional vehicles, please see supplemental form on website)</i> | | | | | |
|---|-----------------|----------------------|------|------------|-----|
| # | # OF PASSENGERS | COST NEW (IF NEEDED) | YEAR | MAKE/MODEL | VIN |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Please e-mail your submission to Info@longviewins.com

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DRIVER SCHEDULE

(if you have additional drivers, please see supplemental form on website)

| # | NAME | DOB | LICENSE # / STATE | MOVING VIOLATIONS? | YEARS OF EXPERIENCE |
|---|------|-----|-------------------|--|---------------------|
| 1 | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 2 | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 3 | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 4 | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 5 | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

ADDITIONAL INFORMATION

| | |
|---|---|
| Do You Provide Airport Service? | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, WHAT PERCENTAGE ___% |
| Radius of Operation: | <input type="checkbox"/> 0-50 MILES ___% <input type="checkbox"/> 51-200 MILES ___% <input type="checkbox"/> + 200 MILES ___% |
| Does Radius cross state lines? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are any filings required? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name of Filing Authority: | |
| Do you have a formal safety program? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are drivers trained in emergency situations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do any vehicles have special equipment for transporting the physically impaired? If so, please explain. | <input type="checkbox"/> YES <input type="checkbox"/> NO _____ |
| How often are vehicles inspected? | |
| Date of last vehicle inspection(s): | |
| Is a written vehicle maintenance program in force? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do any of the vehicle(s) have a salvage title? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are loss control/training manuals and programs provided? If so, please provide copy. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have a drug testing policy? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| How often are current drivers reviewed? | |
| Annual Fleet Mileage: | _____ |
| Are your limos used to transport students to and from school or related activities? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| What percentage of business is: | WEDDINGS ___% PROMS ___% AIRPORT ___% OTHER ___% |
| Is alcohol served in passenger part of limo? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please e-mail your submission to Info@longviewins.com

Phone: 440-617-0333 ext. 221
Fax: 866-848-9496
Email: info@longviewins.com

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| PRIOR CARRIER INFORMATION | | | | | |
|---|--|-------------------------------|------------------|-------------------|---------------------------|
| Has any insurance carrier cancelled or refused your liability insurance? If no, please explain. | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Five-Year Auto Loss History: <input type="checkbox"/> Loss Runs Attached | YEAR | PRIOR INSURANCE COMPANY | POLICY NUMBER | ANNUAL PREMIUM | TOTAL CLAIMS AMOUNT |
| | 2010-2009 | | | | |
| | 2008-2009 | | | | |
| | 2007-2008 | | | | |
| | 2006-2007 | | | | |
| | 2005-2006 | | | | |
| | TOTAL 5 YRS | | | | |
| | AVERAGE 5 YRS | | | | |

COVERAGE IS NOT BOUND BY SIGNING THIS APPLICATION.

The undersigned declared that to the best of their knowledge the information above is true. 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, commits fraudulent act, which is a crime and jeopardizes coverage's for occurrences that may otherwise be covered.

Applicants Signature **X** _____
 Agents Signature **X** _____

Date: _____
 Date: _____

**If you would like a Commercial General Liability quote, please contact our agency at 440-617-0333 ext.221*