



Public Auto Supplemental Application
Limousine and Airport Shuttle

1. Indicate type of operations. If more than one, show percentage of total:

- Limousine: operated for hire on a pre-arranged basis for special or business functions, weddings, funerals or similar purposes.....%
Airport Shuttle: transportation of passengers between airports and other passenger stations or hotels.....%

2. List cities entered into: \_\_\_\_\_

3. Are vehicles equipped with alarms? .....  Yes  No

4. Where are the vehicles kept when not in use? \_\_\_\_\_

5. If vehicles are stored at one location, describe the type of location and its security: \_\_\_\_\_

6. Are drivers allowed to take vehicles home when not in use? .....  Yes  No

7. If yes, what is your policy on personal use of the vehicles? \_\_\_\_\_

8. Do any vehicles provide open-air seating such as rumble seats, hot tub, convertible? .....  Yes  No

If yes, which vehicles: \_\_\_\_\_

9. What are your estimated annual gross receipts for the coming year? \_\_\_\_\_

10. What are your estimated annual gross receipts for the last year? \_\_\_\_\_

11. What percent of your gross receipts are from overflow business from other livery services sub-contracted to you? .....%

12. Do you lease or borrow vehicles from others? .....  Yes  No

With or without drivers? \_\_\_\_\_ If yes, attach a copy of the agreement used.

13. What is your total cost to lease vehicles? \_\_\_\_\_

14. At any time will leased vehicles be scheduled on your policy? .....  Yes  No

If yes, explain: \_\_\_\_\_

15. Do you lease or loan your vehicles to others? .....  Yes  No

With or without drivers? \_\_\_\_\_ If yes, attach a copy of the agreement used.

16. Are any lessors or others intended to be additional insureds? .....  Yes  No

If yes, list:

NAME	VEHICLE	ADDRESS	RELATIONSHIP/INTEREST

17. Do you plan on expanding or adding additional vehicles during the coming year? .....  Yes  No

If yes, explain: \_\_\_\_\_

18. Do you operate any other type of public livery operations? .....  Yes  No

If yes, explain the type of operation and where it is insured: \_\_\_\_\_

**DRIVER INFORMATION**

1. What method is used when hiring a new driver?

Written application       Road test       Review of MVR prior to employment       Background check

Other Explain: \_\_\_\_\_

2. Are new drivers required to ride with an experienced driver? .....  Yes  No

3. Is previous chauffeur experience required? .....  Yes  No

4. Minimum driving experience required: \_\_\_\_\_ years

5. Maximum number of driving violations allowed: \_\_\_\_\_

6. Maximum number of accidents allowed: \_\_\_\_\_

7. Current number of full-time drivers: \_\_\_\_\_

8. During the last 12 months, how many full-time drivers did you hire? \_\_\_\_\_

9. How many part-time/seasonal drivers do you have? \_\_\_\_\_

10. How many owner/operators or leased drivers were used? \_\_\_\_\_

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner, or executive officer.)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

**(Applicable to Florida Agents Only)**