



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

Request for a Quote Public Auto

Requested Effective Date:		Agent:		Agency:	
Agent email:				Agent Phone #:	
Insured Name including DBA:					
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					Yrs in this Business
Location	Address		City	State	Zip Code:
Mailing					
Garaging					

Description of Business:		<input type="checkbox"/> For Hire/Profit <input type="checkbox"/> Not For Hire <input type="checkbox"/> Other _____	
Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Are Filings Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Radius of Operation		Please list major Metropolitan Areas traveled through or into:	
0-100 miles: <input type="checkbox"/> 101-300 miles: <input type="checkbox"/>		_____	
301-500 miles: <input type="checkbox"/> 501+ miles: <input type="checkbox"/>		_____	
Type of Operation:			
<input type="checkbox"/> Limousine Service <input type="checkbox"/> Taxicab <input type="checkbox"/> Bus (describe use): _____			
<input type="checkbox"/> 1-15 Seating Capacity <input type="checkbox"/> 16+ Seating Capacity			

Insurance History			Years Prior Insurance Under Business Name: _____
Has any insurance company canceled or nonrenewed your policy in the last 3 years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in Comments section below.			
From	To	Ins. Co	Policy Premium

Insurance Loss Experience		Amount of Loss	Bodily Injury Involved?	Driver Involved
Date of Loss	Description of Loss			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Driver Information		Must be completed on all drivers. (Include owner)				
Driver Name		Date of Birth	License Number	State	#Yrs Driving Similar Equip	CDL or Chauffers License?
1	Owner:					
2						
3						
4						
5						

Driver Information Continued (last 3 years)				
	Date of Hire	#Violations	# Accidents	Details (Accidents are considered at fault unless report showing not at fault is submitted)
1				
2				
3				
4				
5				

Schedule of Autos to be Insured				All units you own or are leased to you must be scheduled and insured if filings are to be made.				
#	Model YR	Trade Name/Make	Model/Body Style	Vin (17 Digit)	Length of Stretch-inches/	Current Stated Value Excl. Elec. Equip	Max Seating Capacity include driver	Max Radius
1								
2								
3								
4								

Additional information:

Are any units equipped with a wheel chair lift and 4 point tie downs? Yes No If yes, which ones:

Personal Use: Yes No If yes, explain and provide % of personal use:

If this is public livery,

- Please provide description of type of operations performed by the insured:
- Are drivers uniformed: Yes No
- Are all vehicles operated exclusively on a pre-arranged basis: Yes No (Explain if No)
- Are any vehicles affiliated with Uber, Lyft, Sidecar, Rideshare or any other dispatch company? Yes No
If yes, explain:

Coverages and Limits	Auto Liability: CSL \$	<input type="checkbox"/> ** Non-Owned Auto: # of Employees:
<input type="checkbox"/> Med Pay: \$	UM/UIM Limits: \$	<input type="checkbox"/> **Hired Auto Cost of Hire: If Any Basis <input type="checkbox"/>
<input type="checkbox"/> Physical Damage Deductible: \$	PIP Coverage Limit: \$	
	** Additional Supplements may be needed to quote these coverages.	

Comments:

Public/Business Auto New Venture Questionnaire

Insured Name including DBA:

Garaging Location:

Website address:

- 1 Number of years ins this business?
- 2 Have you ever operated under another name? Yes No
If yes, explain in the comment section below.
- 3 What are the insured's plans for growth? Does the insured anticipate obtaining/adding units in the current year? If yes, explain in comment section below. Yes No
- 4 Does anyone other than the named insured own the power units listed? Yes No
If yes, explain in the comment section below.
- 5 Have you ever had your own authority? Yes No
If yes, explain in the comment section below.
- 6 Number of years Chauffer's experience:
- 9 Date original CDL or Chauffer's license was issued:
- 10 Name of coach builder that stretched any units over 120" stretch:
- 11 If you were a company driver or previously lease to a motor carrier, provide the prior employment information:

Year	Company or Motor Carrier	Claims or Accidents/Losses
	City, State & Phone #	During the past 3 years

Additional Comments:

The undersigned, an authorized representative of the insured shown above, represents that all information contained in this document is true and accurate in content. You authorize investigation of all statements contained herein and the references and employers shown above to give us and all information concerning my previous employment and any pertinent information they may have and release the company from all liability for any damage that may result from utilization of such information.

Signed:

Date:

Title: