

New America Insurance

Lou Sukalski

1-800-777-3535 (OH, WV) • 440-934-7766 • FAX: 440-934-1941 • Newamlou@msn.com

Applicant Information

Name:

DBA:

Legal Entity: Individual Partnership Corporation Other:

Mailing Address: _____ City: _____ State: OH Zip: _____

Work Phone: () _____ - _____ Home: () _____ - _____ Cell: () _____ - _____

Fax: () _____ - _____

Business Information

Number of years in business: _____

Any policy/coverage declined, canceled or non-renewed in the last three (3) years: yes no

What are your hours of operation: _____ Radius of operation: _____

Total number of vehicles owned: _____ or Leased: _____

List those cities that you principally operate in:

_____ % _____ % _____ %

How often are vehicles inspected: DAILY By Whom: _____

Please provide a breakdown of how your fares are derived:

Dispatch/phone requests: _____% Airport pickups/drop-offs: _____%

Cruising: _____% Contracts w/ corporations or social service agencies: _____%

Other(describe): _____%

Do you conduct any related business activities such as ambulettes, parcel delivery or bus service:

yes no If yes, please describe: _____

Driver Information

How many drivers do you have: _____ How many *new* drivers are recruited monthly: _____

What % of drivers are employees: _____% vs. independent contractors: _____%

Are employed drivers covered by workers' compensation: yes no

Minimum driver age: _____ Maximum driver age: _____

Are MVR's obtained on all drivers: yes no If yes, how often: _____

Is prior taxi experience required: yes no If yes, how many years: _____

How are drivers paid: Trip Hourly Lease Payment Term of Lease: _____

Coverages (My Present Insurance Expires)

Effective Date: ____/____/____

- Liability
- Uninsured/Underinsured Motorist
- Physical Damage(Less than 5 years): Comprehensive Deductible: \$ _____
Values Total
- Spec. Perils Deductible: \$ _____
- Collision Deductible: \$ _____
- Other Coverages:(Describe: _____)

New America Insurance

Lou Sukalski

1-800-777-3535 (OH, WV) • 440-934-7766 • FAX: 440-934-1941 • lou@taxi-insurance.com

Safety Information	
Do you check MVR's on all drivers: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how often: _____	
Do you have a disciplinary or incentive program in place that is related to traffic violations and chargeable accidents? <input type="checkbox"/> yes <input type="checkbox"/> no If so, please describe: _____ _____	
Do you offer any type of new driver training: ? <input type="checkbox"/> yes <input type="checkbox"/> no If so, please describe: _____ _____	
Do you have a vehicle maintenance program in place? <input type="checkbox"/> yes <input type="checkbox"/> no If so, please describe: _____ _____	
Are maintenance & vehicle inspection records kept on each vehicle: <input type="checkbox"/> yes <input type="checkbox"/> no If so, for how long: _____ yrs.	
Do you employ any mechanics: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how many: _____	
Do they repair any vehicles other than your owned vehicles: <input type="checkbox"/> yes <input type="checkbox"/> no	

Driver Information			
Drivers Name	License Number /Social Sec.	State	D/O/B

Vehicle Information					
Unit	Cab #	Year	Make & Model	Complete Vehicle ID #:	Stated Value*
	1				
	2				
	3				
	4				

* Not needed unless physical damage insurance is provided.

Insurance History					
Year	Insurer	Policy #	# claims	Descriptions	\$ Incurred

Signature: _____ **Date:** _____

Please check one of the following:

- The above description represents all of the accidents we have had over the last three (3) years.
- To the best of my knowledge, we have not had any automobile accidents in the last three (3) years.
- Prior carrier loss runs must be attached.

Any person who knowingly and with intent to defraud an insurance company, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may render your policy null and void.