



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

05/03/2023

AGENCY	CARRIER			NAIC CODE
Preferred Risk Agency, LLC. 26 Columbia Turnpike Suite 103 Florham Park, NJ 07932	TBD			
	COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE
	POLICY NUMBER			
	Pending			
CONTACT NAME:	UNDERWRITER	UNDERWRITER OFFICE		
PHONE (A/C, No, Ext): (973) 845-6004				
FAX (A/C, No): (973) 845-6005				
E-MAIL ADDRESS:	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> CANCEL 06/09/2022 <input type="checkbox"/> AM <input type="checkbox"/> PM			
CODE:	SUBCODE:			
AGENCY CUSTOMER ID:				

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> PROPERTY	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY COVERAG	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALER	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RIS	\$	<input type="checkbox"/>	\$
<input type="checkbox"/> CYBER AND PRIVACY COVERAG	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$	<input type="checkbox"/>	\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> OPEN CARGO	\$	<input type="checkbox"/>	\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/>
<input type="checkbox"/> ADDITIONAL PREMISES	<input checked="" type="checkbox"/> LOSS SUMMARY	<input type="checkbox"/>
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	<input type="checkbox"/>
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	<input type="checkbox"/>
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	<input type="checkbox"/>
<input checked="" type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES	<input type="checkbox"/>
<input checked="" type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)	<input type="checkbox"/>
<input type="checkbox"/> HOTEL/MOTEL SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT	<input type="checkbox"/>
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input checked="" type="checkbox"/> VEHICLE SCHEDULE	<input type="checkbox"/>

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
06/09/2023	06/09/2024	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	\$	\$	\$	\$	\$	\$

APPLICANT INFORMATION

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:						CONTACT TYPE:					
CONTACT NAME: Ally Etienne						CONTACT NAME:					
PRIMARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL	PRIMARY PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL
(732) 640-7805-											
PRIMARY E-MAIL ADDRESS:						PRIMARY E-MAIL ADDRESS:					
SECONDARY E-MAIL ADDRESS:						SECONDARY E-MAIL ADDRESS:					

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	109 Creek Rd		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Brick	STATE: NJ	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Ocean	ZIP: 08724	<input type="checkbox"/>	<input type="checkbox"/>		TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

taxi service operating in Long Branch, NJ within 50 mile radius

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE			LOCATION: _____
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE			BUILDING: _____
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER			VEHICLE: _____
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT			BOAT: _____
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE			AIRPORT: _____
<input type="checkbox"/> LIENHOLDER				AIRCRAFT: _____
<input type="checkbox"/>				ITEM CLASS: _____
ITEM DESCRIPTION				
REFERENCE / LOAN #:				
INTEREST END DATE:				
LIEN AMOUNT:				
PHONE (A/C, No, Ext):				
E-MAIL ADDRESS:				
FAX (A/C, No):				

REASON FOR INTEREST:

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES						Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?						N
PARENT COMPANY NAME			RELATIONSHIP DESCRIPTION		% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?						N
SUBSIDIARY COMPANY NAME			RELATIONSHIP DESCRIPTION		% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?						Y
<input type="checkbox"/> SAFETY MANUAL		<input type="checkbox"/> MONTHLY MEETINGS	<input checked="" type="checkbox"/> MVR REQUIRED			
<input type="checkbox"/> SAFETY POSITION		<input type="checkbox"/> OSHA				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?						N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)						N
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS		POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)						N
<input type="checkbox"/> NON-PAYMENT		<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>			
<input type="checkbox"/> NON-RENEWAL		<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):			
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?						N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).						N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?						N
OCCURRENCE DATE	EXPLANATION		RESOLUTION		RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?						N
OCCURRENCE DATE	EXPLANATION		RESOLUTION		RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?						N
OCCURRENCE DATE	EXPLANATION		RESOLUTION		RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?						N
NAME OF TRUST						
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)						N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?						N

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
22-23	CARRIER		LAP Commercial Insurance Co		
	POLICY NUMBER		LAP-NX-16011		
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		06/09/2022		
	EXPIRATION DATE		06/09/2023		

PRIOR CARRIER INFORMATION
AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
20-22	CARRIER		American Zurich		
	POLICY NUMBER		BAP9599566-00		
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		06/09/2020		
	EXPIRATION DATE		06/09/2022		
19-20	CARRIER		Protective Ins Co		
	POLICY NUMBER		DG0002230-00		
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		06/09/2019		
	EXPIRATION DATE		06/09/2020		

LOSS HISTORY
 Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N

SIGNATURE
 Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

NEW JERSEY COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YY)

05/03/23

AGENCY Preferred Risk Agency, LLC.		NAMED INSURED(S) A & E Taxi Services LLC		
POLICY NUMBER				
CARRIER		NAIC CODE	EFFECTIVE DATE: 06/09/23	

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			
LIABILITY	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 100,000						
	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$						
	<input type="checkbox"/> 3 <input type="checkbox"/> 8	PROPERTY DAMAGE \$						
PERSONAL INJURY PROTECTION	<input type="checkbox"/> 5	<input type="checkbox"/> LAWSUIT THRESHOLD <input type="checkbox"/> MEDICAL ONLY						
	<input type="checkbox"/> 7	<input type="checkbox"/> NO THRESHOLD						
		HEALTH INSURANCE OPTION <input type="checkbox"/> YES <input type="checkbox"/> NO		TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 7	\$		
		MEDICAL EXPENSE \$		OTHER THAN COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/>			
	DED \$							
	EXT MED EXP EA PER \$							
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:		SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/>				
UNINSURED / UNDERINSURED MOTORIST	<input type="checkbox"/> 2 <input type="checkbox"/> 6	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 25,000	COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/>				
	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	BI EACH ACCIDENT \$ 50,000						
	<input type="checkbox"/> 4 <input type="checkbox"/>	PROPERTY DAMAGE \$ 25,000						
HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE	
NON-OWNED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS		NUMBER OF				<input type="checkbox"/> OTC \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$
								COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY
	COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW				

ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**SIGNATURE**

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

05/03/2023

AGENCY Preferred Risk Agency, LLC.								CARRIER TBD					NAIC CODE		
POLICY NUMBER Pending				EFFECTIVE DATE 06/09/23		NAMED INSURED(S) A & E Taxi Services LLC									
VEHICLE DESCRIPTION															
VEH #	YEAR	MAKE:			BODY TYPE:			PP	SPEC	<input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM		
		MODEL:			V.I.N.:										
GARAGING ADDRESS		STREET (Required in KY)			CITY			COUNTY			STATE		ZIP		
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> SERVICE		CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT		<input type="checkbox"/> ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR		<input checked="" type="checkbox"/> UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> F <input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> LSP COMP/ OTC <input type="checkbox"/> FG	<input type="checkbox"/> RENT REIMB <input type="checkbox"/> AA	<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT	<input type="checkbox"/> COMP/ OTC <input type="checkbox"/> C OF L	<input type="checkbox"/> SPEC <input type="checkbox"/> COLL
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$									
VEH #	YEAR	MAKE: Toyota			BODY TYPE: Minivan			PP	SPEC	<input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM		
1	2004	MODEL: Sienna			V.I.N.: 5TDZA23C94S119819										
GARAGING ADDRESS		STREET (Required in KY)			CITY			COUNTY			STATE		ZIP		
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> SERVICE		CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT		<input type="checkbox"/> ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR		<input checked="" type="checkbox"/> UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> F <input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> LSP COMP/ OTC <input type="checkbox"/> FG	<input type="checkbox"/> RENT REIMB <input type="checkbox"/> AA	<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT	<input type="checkbox"/> COMP/ OTC <input type="checkbox"/> C OF L	<input type="checkbox"/> SPEC <input type="checkbox"/> COLL
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$									
VEH #	YEAR	MAKE:			BODY TYPE:			PP	SPEC	<input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM		
		MODEL:			V.I.N.:										
GARAGING ADDRESS		STREET (Required in KY)			CITY			COUNTY			STATE		ZIP		
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT		<input type="checkbox"/> ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> F <input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> LSP COMP/ OTC <input type="checkbox"/> FG	<input type="checkbox"/> RENT REIMB <input type="checkbox"/> AA	<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT	<input type="checkbox"/> COMP/ OTC <input type="checkbox"/> C OF L	<input type="checkbox"/> SPEC <input type="checkbox"/> COLL
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$									
VEH #	YEAR	MAKE:			BODY TYPE:			PP	SPEC	<input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM		
		MODEL:			V.I.N.:										
GARAGING ADDRESS		STREET (Required in KY)			CITY			COUNTY			STATE		ZIP		
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT		<input type="checkbox"/> ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> F <input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> LSP COMP/ OTC <input type="checkbox"/> FG	<input type="checkbox"/> RENT REIMB <input type="checkbox"/> AA	<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT	<input type="checkbox"/> COMP/ OTC <input type="checkbox"/> C OF L	<input type="checkbox"/> SPEC <input type="checkbox"/> COLL
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$									

ACORDTM COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE

DATE
05/03/23

PRODUCER	PHONE (A/C, No, Ext): (973) 845-6004 FAX (A/C, No): (973) 845-6005	APPLICANT (First Named Insured) A & E Taxi Services LLC 240 B Eatoncrest Drive Eatontown, NJ 07724
Preferred Risk Agency, LLC. 26 Columbia Turnpike Suite 103 Florham Park, NJ 07932		FOR COMPANY USE ONLY
CODE:	SUB CODE:	
AGENCY CUSTOMER ID:		

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS