



# PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

## CHAUFFEURED TRANSPORTATION INSURANCE APPLICATION

## **SUBMISSION REQUIREMENTS**

- Upon binding, an application signed by both the Applicant and Producer is required.
  - Currently valued insurance company loss runs for the current and prior three (3) years
  - An updated drivers list with current MVRs (less than 3 months old) for each driver
  - An updated Vehicle Schedule

## **SECTION I – GENERAL INFORMATION**



## **SECTION II - COVERAGE INFORMATION**

LIABILITY COVERAGES	LIMIT	PHYSICAL DAMAGE COVERAGES	PHYSICAL DAMAGE DEDUCTIBLE
Auto Liability (Combined Single Limit)	\$	Comprehensive:	\$
Personal Injury Protection (PIP)	\$	Collision:	\$
Uninsured Motorist Protection (UM)	\$		
Underinsured Motorist Protection (UIM)	\$		
Employer's Non-Ownership Liability	\$		
Hired Auto Liability	\$		

### **SECTION III - OPERATIONS INFORMATION**

### Estimated Mileage

**For Proposed Coverage Period:**

Current Year:

Prior Year:

## Gross Receipts

\$

-

\$

+  
S

3. Are vehicles serviced and inspected?  
If yes, by whom? How often? Yes No
4. Does the Applicant own or operate any equipment not listed on the schedule?  
If yes, please explain: Yes No
5. Are your vehicles equipped with a two-way radio?  
If yes, what are the radios used for? Yes No
6. Does the Applicant have Drive-Cam or any other recording devices on your vehicles?  
Drive-Cam Other: Yes No
7. Does the Applicant have GPS tracking capability? Yes No
8. Are all of the Applicant's conversion vehicles QVM certified?  
If yes, by whom? If no, please explain: Yes No
9. What was the Applicant's longest round-trip destination in the last twelve (12) months?
10. What is the Applicant's three (3) most frequent destinations and percentage of trips to those destinations:

<b>Destination</b>	<b>Percentage</b>
--------------------	-------------------

- |   |                         |                       |
|---|-------------------------|-----------------------|
| <b>City/State:</b>  | %                       |                       |
| <b>City/State:</b>  | %                       |                       |
| <b>City/State:</b>  | %                       |                       |
| 11. What percentage of your trip(s) are:<br>Prom / Night-on-the-Town: %   | Airport: % Corporate: % | Weddings/Funerals : % |
|   | Other %                 | Describe:             |
| 12. What percentage of your reservations is made twenty-four (24) hours in advance?   | %                       |                       |
| 13. Do the Applicant's vehicles ever transport professional athletic teams or entertainment groups?<br>If yes, please explain:                            | Yes                     | No                    |
| 14. What is the Applicant's expected Cost of Hire for hired autos next year: \$   |                         |                       |
| 15. Does the Applicant lease vehicles from others?<br>If yes, what percentage: %  | Yes                     | No                    |
| 16. Does the Applicant lease or rent out vehicles to others (without driver)?   | Yes                     | No                    |
| 17. Does the Applicant use or hire Owner-Operators?   | Yes                     | No                    |
| 18. Does the Applicant or any of its drivers utilize Transportation Network Company Mobile Applications such as but not limited to Uber, Uber-X, or Lyft? | Yes                     | No                    |

#### SECTION IV - DRIVER INFORMATION

1. Within the last twelve (12) months, how many drivers has the Applicant replaced? Added: Yes No
2. Does the Applicant's driver selection procedure include drug testing? Yes No
3. What is the minimum age of drivers? Yes No
4. Does the Applicant have a driver recruitment program?  
If yes, please explain: Yes No
5. Does the Applicant provide Workers' Compensation coverage for all their drivers and all other employees?  
If yes, specify insurance carrier: Yes No  
If no, provide an explanation: Yes No
6. Are all drivers your employees? If no, provide an explanation: Yes No
7. Does the Applicant have a formal driving policy in place with MVR standards?  
If yes:  
 a. Is driving policy communicated in writing to all employees? Yes No  
 b. Is a signed acknowledgment form kept on file? Yes No  
     If yes, please provide a copy of signed acknowledgment.  
 c. Do driving standards include the following:  
         i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? Yes No  
         ii. No more than 2 moving violations within past 3 years? Yes No  
         iii. No more than 1 at fault accident within past 3 years? Yes No
8. How often does the Applicant check MVR reports?

9. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes No
10. Describe any ongoing training provided to drivers:

11. Does the Applicant allow employees to drive personal vehicles for company purposes? Yes No  
If yes:  
a. Are the driving policy and standards for these drivers the same as in questions 1-3? Yes No  
b. Does the Applicant require these employees to have adequate personal insurance limits? Yes No

SECTION V - PRIOR INSURANCE HISTORY*									
POLICY PERIOD			INSURANCE COMPANY	NO. OF LIMOS OPERATED	PREMIUM			LOSS HISTORY	
MO	DAY	YR			AUTO LIABILITY	PHYSICAL DAMAGE	GENERAL LIABILITY	TOTAL \$ INCURRED	NO. OF CLAIMS

\*Please attach details of all losses that exceeded \$25,000 as well as any gaps in insurance coverage.

1. Is the Applicant's present policy being cancelled or non-renewed? If yes, please explain: Yes No
2. Has the Applicant's insurance ever been obtained through an Assigned Risk Plan? Yes No  
If yes, please explain:
3. Has the Applicant ever filed or are planning to file for reorganization or bankruptcy? Yes No
4. Provide the name(s) of any public transportation entity(ies) not covered under this application in which the named insured or any of its officers, directors, partners, or stockholders have a direct or indirect ownership interest:
5. Except for encumbrances, are all autos owned by, leased to, or registered to the Applicant? Yes No  
If no, please explain:
6. Please explain any prior gaps in insurance coverage:

#### SECTION VI - VEHICLE SCHEDULE

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch	Number of Passengers:	
Garage Location:			VIN:	
Value: Cost New \$		or	Stated Value \$	Personal Use? Yes No
Comprehensive Coverage: \$1,000		\$2,000	\$3,000	\$5,000
Collision Coverage: \$1,000		\$2,000	\$3,000	\$5,000
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:

#:	Year:	Make:	Model:	GVWR:
Radius:	Color:	Length of Stretch	Number of Passengers:	
Garage Location:			VIN:	
Value: Cost New \$		or	Stated Value \$	Personal Use? Yes No
Comprehensive Coverage: \$1,000		\$2,000	\$3,000	\$5,000
Collision Coverage: \$1,000		\$2,000	\$3,000	\$5,000
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:

#:	Year:	Make:	Model:	GVWR:	
Radius:	Color:	Length of Stretch		Number of Passengers:	
Garage Location:			VIN:		
Value: Cost New \$      or      Stated Value \$			Personal Use?	Yes      No	
Comprehensive Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Collision Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:	
Radius:	Color:	Length of Stretch		Number of Passengers:	
Garage Location:			VIN:		
Value: Cost New \$      or      Stated Value \$			Personal Use?	Yes      No	
Comprehensive Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Collision Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:	
Radius:	Color:	Length of Stretch		Number of Passengers:	
Garage Location:			VIN:		
Value: Cost New \$      or      Stated Value \$			Personal Use?	Yes      No	
Comprehensive Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Collision Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:	
Radius:	Color:	Length of Stretch		Number of Passengers:	
Garage Location:			VIN:		
Value: Cost New \$      or      Stated Value \$			Personal Use?	Yes      No	
Comprehensive Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Collision Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:	
Radius:	Color:	Length of Stretch		Number of Passengers:	
Garage Location:			VIN:		
Value: Cost New \$      or      Stated Value \$			Personal Use?	Yes      No	
Comprehensive Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Collision Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:	

#:	Year:	Make:	Model:	GVWR:	
Radius:	Color:	Length of Stretch		Number of Passengers:	
Garage Location:			VIN:		
Value: Cost New \$      or      Stated Value \$			Personal Use?	Yes      No	
Comprehensive Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Collision Coverage:		\$1,000	\$2,000	\$3,000	\$5,000
Loss Payee		Additional Insured – Leased Auto		Assigned Driver:	

#### SECTION VII - LIEN HOLDER SCHEDULE

Loss Payee	Additional Insured	Vehicle Number for App Schedule:		
Entity Name:				
Address:		City:	State:	Zip:
Phone:	Fax:	Contact:		

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
--	-------------------------------------	--

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
--	-------------------------------------	--

Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone:	Additional Insured City: Fax:	Vehicle Number for App Schedule: State: Zip: Contact:
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#### **SECTION VIII - DRIVER INFORMATION SCHEDULE**

Please include ALL drivers for Named Insured

No.	Name as it Appears on Drivers License	Street Address City, State, Zip	Date of Birth	Drivers License Number	Date of Hire	No. Yrs Driving Limos	Full or Part Time
1							
2							
3							
4							
5							
6							
7							

No.	Name as it Appears on Drivers License	Street Address City, State, Zip	Date of Birth	Drivers License Number	Date of Hire	No. Yrs Driving Limos	Full or Part Time
8							
9							
10							
11							
12							
13							
14							
15							
16							
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## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

## FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** 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 DISTRICT OF COLUMBIA:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE IN FLORIDA** 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.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

**APPLICABLE IN MAINE:** 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 OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN NEW JERSEY:** 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 NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE IN PENNSYLVANIA:** 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.

**APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

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SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

AGENCY

(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)