



**PUBLIC AUTO APPLICATION**  
**Page 1 - Applicant Information**

<b>Applicant's Name:</b>		<b>Producer's Name:</b>	
Address:		Address:	
City, State, Zip		City, State, Zip	
Phone:	Phone:	Email:	
Location of Insured Premises (if different from mailing):			

Requested Eff Date (mm/dd/yy):	From:	To:
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Applicant is? (Select one)		How Long has the applicant been in business?	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
		<input type="checkbox"/> Other	SSN or Tax ID Number (required in NV):

Describe Applicant's Business:

Gross Receipts Last Annual Period:	Estimated Receipts Next Annual Period:
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**BUSINESS OPERATIONS**

How does the insured get fares?		
Do they pick up any unscheduled passengers, street business or flag?	Yes	No
Do they operate on a regular route or drop off points?	Yes	No
Do the vehicles have any markings or magnetic signs attached?	Yes	No
Is there a meter, money drop, or fare box?	Yes	No
Is there a taxi light or "for hire" light or top hat?	Yes	No
Any wheelchair lifts or ramps? (if yes, attach photos.)	Yes	No
How frequently is your equipment serviced?	Largest Cities Entered:	
By Whom?	Mileage of Longest Run:	
Is Equipment ever Rented to Others?	# of Units Owned:	# of Units Hired:
Is Equipment ever Hired From Others?		
Does Applicant employ drivers under 25?	Number of Drivers employed less than 1 year?	
Are driving records checked on new drivers at or prior to employment?	Are Drivers covered by Worker's Compensation?	
HAS INSURANCE OF THE TYPE APPLIED FOR EVER BEEN CANCELED OR DECLINED OR HAS RENEWAL EVER BEEN REFUSED?		

**LOSS EXPERIENCE AND EXPOSURE INFORMATION (Current and Previous Three Years)**

Policy Period		Insurance Company	Number of Vehicles	Number of Accidents	Losses Paid and Reserves			
From	To				BI & Med Pay	Phys Dam	Property	Cargo

Are any filings or certificates of insurance required?		
ADOT #	ICC/MS Docket #:	Other:



**PUBLIC AUTO APPLICATION**  
Page 2 - Drivers, Vehicles, and Coverages

**DRIVER SCHEDULE**

	Driver 1	Driver 2	Driver 3
Driver's Name (Include Middle Initial)			
Years Exp. Driving for Public Auto			
Length of Employment			
Date of Birth			
Number of Accidents			
Number of Violations			
Driver's License Number & State			

\* Use Page 3 for additional drivers

**VEHICLE SCHEDULE**

	Vehicle 1	Vehicle 2	Vehicle 3
Year Built			
Make			
Model			
Vehicle Identification Number (VIN)			
Seating Capacity (exclude driver)			
Stated Value <sup>1</sup>			
Service Type <sup>2</sup>			

\* Use Page 3 for additional vehicles

<sup>1</sup> Stated Value is required if Physical Damage is requested.

<sup>2</sup> Service Types:

**Limousine** - an automobile specifically manufactured as a limo, with a seating capacity of 8 or less, used on a prearranged basis.

**Stretch Limousine** - a Limousine with seating capacity of more than 8 passengers.

**Black Car** - an automobile with a seating capacity of 6 or less, not manufactured as a limo, used for prearranged services such as special events, executive transfers, and airport servicing.

**School / Church** - an automobile that carries students to and from school, school activities including games and outings, and church activities.

**NOC Bus** - Includes athlete, airport, hotel and daycare shuttles, and all public shuttles not otherwise classified, plus shuttles for intracity use.

**Other Bus** - Includes intercity and border transport services, charter buses, sightseeing or tour buses, urban, and paratransit (including social services and senior citizens) shuttles.

**Taxicab** - A metered or unmetered auto with a seating capacity of 8 or less that operates for hire, but does not transport or discharge passengers along a regular route.

**COVERAGES AND OPTIONS**

<b>Liability</b> <b>UM / UIM</b> <b>Med Pay</b>	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$1,000,000	<b>Physical Damage Options</b>  <b>Perils:</b> <input type="checkbox"/> Comprehensive & Collision <input type="checkbox"/> Specified Perils & Collision
	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$1,000,000	
	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	
<b># of Miles</b>	<b>Radius of Operation:</b>				<b>Deductible:</b>
	<input type="checkbox"/> 0-100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-500	<input type="checkbox"/> >500	



**PUBLIC AUTO APPLICATION**

**Page 3 - Additional Information**

**DRIVER SCHEDULE (continued)**

	Driver 4	Driver 5	Driver 6
Driver's Name (Include Middle Initial)			
Years Exp. Driving for Public Auto			
Length of Employment			
Date of Birth			
Number of Accidents			
Number of Violations			
Driver's License Number & State			

**VEHICLE SCHEDULE (continued)**

	Vehicle 4	Vehicle 5	Vehicle 6
Year Built			
Make			
Model			
Vehicle Identification Number (VIN)			
Seating Capacity (exclude driver)			
Stated Value <sup>1</sup>			
Service Type <sup>2</sup>			

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**ADDITIONAL INFORMATION**

Is there any other material information about the business, drivers, vehicles, or anything else that should be considered with this application:

**Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals information for the purpose of misleading, concerning any fact material thereto, thereby commits a fraudulent insurance act, which is a crime.**

**CAUTION: READ ABOVE BEFORE SIGNING.**

Applicant's Signature: \_\_\_\_\_ Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_