

# 5Star Submission Checklist- PARATRANSIT PROGRAM

\*Please include this coversheet with each submission



Fax To: <b>5Star Paratransit Submission</b>	Fax Number: <b>866-566-8424</b>
	Email: <a href="mailto:paratransit@5StarSP.com">paratransit@5StarSP.com</a>
Submission for:	Agency Name:
Producer/Contact Name:	Agency Phone Number:
Comments:	



Before faxing or mailing your submission, please use this checklist to ensure you have included all required documentation. For faster service, please include a copy of this completed form.

## Does account meet Underwriting Requirements?

\_\_\_\_\_ Risk Pre-qualification Sheet

## Documentation Required For Quote

- \_\_\_\_\_ Risk Pre-qualification Sheet
- \_\_\_\_\_ ACORD 125 Applicant Info
- \_\_\_\_\_ ACORD 137 Coverage/Limits Section (State specific)
- \_\_\_\_\_ ACORD 129 Vehicle Schedule
- \_\_\_\_\_ ACORD 127 Driver List
- \_\_\_\_\_ Currently valued insurance company loss runs for 5 years-including current year (must be valued within the last 90 days)
- \_\_\_\_\_ Safety manual and ops manual, if available
- \_\_\_\_\_ Insured's FEIN must be listed on the applications (SSN for individuals)
- \_\_\_\_\_ Current MVR's (no more than 90 days old)
- \_\_\_\_\_ ACORD 126 General Liability, if applicable
- \_\_\_\_\_ ACORD 131 Umbrella/Excess, if applicable
- \_\_\_\_\_ Insured's email address: \_\_\_\_\_

### **IMPORTANT:**

Insured's FEIN must be on all applications.  
Please send submissions at least 2 weeks prior to policy effective date to allow for quote processing.

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## Documentation Required To Bind

- \_\_\_\_\_ ACORD 61-70 (state specific only) UM/UIM and PIP forms
- \_\_\_\_\_ All Applications Signed and Dated by the Insured and Agent
- \_\_\_\_\_ Driver Certification
- \_\_\_\_\_ State Filing Request, if applicable
- \_\_\_\_\_ List of additional interest for risk, if applicable

## Documentation Required Within 30 Days of Binding

- \_\_\_\_\_ Vehicle inspection Report – Required for vehicles older than 10

Failure to include copies of all requested information will result in delay of processing and/or immediate rejection of this submission. Please contact 1-800-341-9961 with any questions.

Please mail or fax the complete information to:

**5Star Specialty Programs**  
**Attn: Paratransit Submissions**  
**444 Beach 129<sup>th</sup> Street**  
**Belle Harbor, NY 11694**  
**Fax: 866-566-8424**

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