

**SUPPLEMENTAL LIMOUSINE QUESTIONNAIRE**

Applicant's Business Name \_\_\_\_\_ F.E.I.N. \_\_\_\_\_

Describe your operations in **detail**. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The Agent/Broker controlling this account is:  
 \_\_\_\_\_

**GENERAL INFORMATION**      **Full Time Employees:** \_\_\_\_\_ **Part Time Employees:** \_\_\_\_\_

Advise percent of business from: Weddings \_\_\_\_\_ Proms \_\_\_\_\_ Corp. Accts. \_\_\_\_\_ Airports \_\_\_\_\_ Other \_\_\_\_\_

- Is the company safety policy up to date and being provided to all drivers?  Yes  No
- Is your drug policy statement given to each new hire?  Yes  No
- Is a copy of the Employee Assistance Program give to each new hire?  Yes  No
- Is ICC, PUC, DOT or other filings needed?  Yes  No
- Are Customers accepted on a pre-arranged basis?  Yes  No
- Are all units you own and operate scheduled on this Application? If no, please explain:  Yes  No

- Are any vehicles leased to others?  Yes  No
- Has insurance ever been obtained through the Assigned Risk Plan?  Yes  No
- Do you own all vehicles scheduled on this Application? If no, please explain:  Yes  No

- Are fuel storage tanks on your premises?  Yes  No
- Is this a "black car" operation?  Yes  No
- Do your vehicles have meters or fare boxes?  Yes  No
- Does any vehicle pick-up, transport, and discharge passengers at frequent local stops along a prescribed route?  
 If yes, fully describe services: \_\_\_\_\_  Yes  No
- Do you share dispatch services with any other company?  Yes  No
- Are alcoholic beverages served in the passenger compartment?  Yes  No
- Do you ever transport unscheduled passengers?  
 If yes, explain fully: \_\_\_\_\_  Yes  No

List below your ESTIMATED mileage, gross receipts, payroll and average number of revenue producing units for the PROPOSED, CURRENT & 3 PREVIOUS PERIODS.

POLICY PERIOD	YEAR	MILEAGE	GROSS RECEIPTS	PAYROLL	# REVENUE UNITS
Proposed					
Current					
1 <sup>st</sup> Prior					
2 <sup>nd</sup> Prior					
3 <sup>rd</sup> Prior					

**DRIVER SUPERVISION**

- Would you know if a driver's license is suspended?  Yes  No
- Do employees take vehicles home:  Yes  No
- If yes, does your company have a written policy to prohibit operation by household members?  Yes  No

**DRIVER INFORMATION**

- How often are driver's MVR's checked?       Annually       Semi-annually       After an accident
- Is an MVR required prior to hiring?       Yes  No
- Are drivers required to have at least 2 years experience in similar type vehicles?       Yes  No
- Is a driving test done prior to hire?       Yes  No
- Do all drivers possess a valid commercial driver's license (CDL)?       Yes  No
- Do you require all drivers to take a physical before hire?       Yes  No
- Is random and reasonable "for cause" drug testing done?       Yes  No
- Are post accident drug testing procedures in place?       Yes  No
- Are all drivers covered by Workers Compensation?       Yes  No

**VEHICLE INFORMATION**

- Storage of Vehicles:     Open Lot     Fenced     Covered    If Covered, how many in facility at one time? \_\_\_\_\_
- Protection:     Private Security     Alarm System     24 Hour Operation     None
- Maximum Values at any one location:
- Vehicles are serviced on the following regular basis:    3,000 miles    Monthly    Semi-annually    Other \_\_\_\_\_
- Who provides the maintenance on your vehicle? \_\_\_\_\_
- Are daily or pre-trip inspections made?       Yes  No
- Do your vehicles display promotional lettering or advertisement?       Yes  No
- Do your vehicles have special equipment to transport the handicapped?       Yes  No
- Do you meet (check all that apply): Federal \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ Other \_\_\_\_\_ driver qualification and vehicle inspection requirements outlined in the State Department of Transportation and/or the Federal Motor Carrier Regulations.
- Attach a copy of currently valued loss runs from your insurance carrier(s) for each of the past three (3) full policy years. If loss runs are not available, please state reasons why and include a signed statement specifying claims as to type, amount paid and amounts reserved for each policy period. Also provide details on any loss occurrences that exceed \$25,000 or involved a fatality or serious injury. THIS INFORMATION IS MANDATORY.
- If new in business within the past two(2) years, attach a fully completed New Venture Questionnaire. **This application is an attachment to and subject to all conditions stated in the ACORD application for your state of domicile.**

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**APPLICANT**

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**TITLE**

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**DATE COMPLETED**