



**Quote Request Cover Sheet and Checklist for
Limousine Fleet Accounts**

Name of Agency: _____ Contact Name: _____

Producer: _____ Expiration Date: _____

Named Insured: _____

In order to ascertain an accurate and competitive quotation, we request that all of the items listed below as well as the Quotation Application be submitted and fully completed.

_____ ***Fleet Schedule;*** This schedule must include the year, make, seating capacity, VIN, value and use for each vehicle.

_____ ***Drivers Schedule;*** This schedule must include the name, license number, type of license, date of birth and date of hire for each driver.

_____ ***Abstracts;*** For all drivers on schedule.

_____ ***Loss Runs;*** Complete for the past four years or loss letter for non-fleet accounts.

_____ ***Loss Summary***

_____ ***Financial Statement***

_____ ***Synopsis;*** Description of Operations

QUOTATION REQUEST APPLICATION

Producer: _____ Effective Date: _____

Named Insured Information

Name of Insured: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone Number: _____

Email _____ Website _____

Garaging Information: _____

City: _____ County: _____ State: _____ Zip: _____

Named insured is: Individual Corporation
 Partnership Association
 Limited Liability Corporation

Federal Tax Identification or Social Security Number: _____

Number of Years in Business: _____ Years of Experience: _____

ICC or PUC Docket Number if applicable: _____

List the name and telephone number of the person to be contacted for safety engineering:

Coverage's

Check	Available Coverage's	Limits	Deductibles
	Liability Limit	<i>CSL</i>	
	Uninsured Motorist		
	Personal Injury Protection		
	Additional PIP		
	Underinsured Motorist		
	Hired Auto Liability		
	Non-Owned Auto		
	Number of Employees		
	Specified Perils		
	Comprehensive		
	Collision		
	<i>Other:</i>		

Driver and Vehicle Information

**List all vehicles and corresponding drivers in the tables below
unless this is a fleet account**

Year	Make	Vehicle Identification Number	Seats	Value	Radius

Drivers Name	Yrs. Empl	Driver License Number	Yrs Driving Experience	Avg. Hours per week	MVR Provided?

If this is a fleet account, please provide a complete Fleet Schedule along with all drivers including years employed, driving experience, and average hours per week with corresponding drivers.

Furthest Destination Traveled: _____

Most Frequent Destinations

Destination	Percentage of Use

Percentage of Use

	Airport	Corporate	Wedding	Funeral	Prom	Dinner/Show	Other
Percentage							

	Estimated Mileage	Gross Receipts
For Proposed Coverage Period		
Current Year		
1 st Prior Year		
2 nd Prior Year		

Complete the table below listing the names of all affiliated companies to be insured and their relative relationships to the Named Insured.

Company Name	Years Established	Description of Business	Relationship to the Insured

Complete the table below providing information for any officer, director, partner or majority stockholder of the named insured.

Name	Position	Full / Part Time	Years Employed	Years Experience	% Ownership

- Is this a “Black” Car Operation? _____
- Describe Reservation Procedures (e.g. 24 hours or prior, on call, etc.) _____
- Do you own or operate any equipment that is not listed above or on the provided schedule?

- If “yes”, please explain: _____
- Current total number of drivers employed: _____
- Are all drivers employees? _____
- During the past 12 months, how many drivers have you: Replaced? ____
Added? _____
- Driver’s maximum hours: *While driving:* Daily: _____ Weekly: _____
On duty: Daily: _____ Weekly: _____
- Do employees take vehicles home? _____
- Do you ever lease vehicles to drivers? _____
- If “yes”, please explain: _____
- Do you provide Workers Compensation insurance for all drivers? _____
- If “yes”, please provide insurance company’s name: _____
- If “no”, please explain: _____
- Describe any significant changes (e.g. fleet size, discontinued operations, or territory serviced) in your operation during the past three years as well as any anticipated in your operation during the proposed policy period: _____
- Do your vehicles ever transport professional athletic or entertainment groups?
_____. If “yes”, explain the frequency and nature of these trips:

- Describe procedures for controlling underage passenger consumption of alcohol if alcohol is permitted _____
- List states in which you have an Operation Authority on file. Provide the names as it appears and the 'authority number': _____
- Have you ever had your authority withdrawn by any regulatory authority or are you currently under probation? _____
If "yes", please explain: _____
- Does the Insured utilize any Ride Sharing Services such as Uber or Lyft? _____

Driver and Fleet Controls (Attach copy of Fleet driver program if available)

- What is the minimum age requirement for your drivers? _____
- What is the maximum age Limitation for your drivers? _____
- What is the number of moving violations allowed in what time frame? _____
- What is the number of accidents allowed and in what time frame? _____
- What steps are taken after accidents? _____
- What are your driver probation and termination criteria? _____
- Are MVR's ordered before employment? _____
- Do you have a written maintenance program for your vehicles? _____
- Do you service your own vehicles? ___ If "no", who does? _____
- Do you service vehicles of others? _____
- Do you employ mechanics and how many? _____
- Where are your vehicles parked when not in use? _____
 - Protection; e.g. fenced lot, security cameras, alarms, owners home etc. _____
 - Estimated Value of all vehicles parked in a single location _____
- Where applicable, do you have documentation on all QVM vehicles in your possession? _____
- Does your vehicle maintenance program include any of the following?
 - A service record of each vehicle (attach copy): _____
 - Regular inspection reports: _____
 - Vehicle daily condition reports (attach copy): _____
 - How often are these reports reviewed by management? _____

Safety Information

Please provide the name, title and years of experience for the individuals who are responsible for safety and specify their other duties: _____

Are accident investigation and review procedures and records maintained? _____

Do the review procedures include disciplinary procedures? _____ If "yes", please explain: _____

How do you hire new employees (i.e. advertisement, referral, employment office etc.)? _____

Provide full details of Accident Event Recorder program, including Telematics, GPS, vehicle tracking and driver coaching: _____

Does your driver selection procedures include:

	Yes	No	How Often After Employment
Written application			
Reference checks			
Written tests			
Road tests			
Physical Examination			
Have a CDL			
Random Drug Testing			
Obtaining MVR's			
Updating MVR periodically			

Does your driver indoctrination include:

	Yes	No
Company rules and policies		
Daily DOT vehicle inspections		
Equipment familiarization		
Route familiarization		
Emergency procedures		
Accident reporting procedures		
Road testing		

Describe your driver training and qualification procedures:

Prior Loss Experience and Coverage Information

	Current Year	Prior Year	2 nd Prior Year	3 rd Prior Year
Insurance Carrier				
Number of Vehicles				
Liability Limits				
Total Annual Premium	\$	\$	\$	\$
• Auto Liability	\$	\$	\$	\$
• Physical Damage	\$	\$	\$	\$
• General Liability	\$	\$	\$	\$
Number of Claims				
Total Incurred	\$	\$	\$	\$
Valuation Date				

Please attach currently valued loss runs from your insurance carrier for each of the past four years. On any losses that exceed \$25,000.00 or involve a serious injury or fatality, we require a written explanation of events.

Has your insurance ever been obtained through as Assigned Risk Plan? ____ If “yes”, please explain: _____

During the past three years, has any company cancelled or refused to renew your automobile insurance coverage? ____ If “yes”, please explain: _____

I hereby understand that the completion of this application does not create express or implied obligation on the part of ProTrans or Capacity Coverage Company or any of their affiliates to offer a quotation or provide insurance as requested within this application. I hereby authorize anyone to obtain from the proper authority, a copy of an investigative report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof understand that in obtaining such a report, consumer reporting agencies may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the terms of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain the information above is true. I also agree that if a policy is issued pursuant to this application and signed by me, shall become a part of the policy. This application shall not be binding unless and until a policy shall be issued and a down payment made and then only as of the commencement date of said policy of all the facts as circumstances with regard to the risk to be insured, in so far as same are known to the applicant and the same hereby made the basis and a condition of the insurance and a warrant on the part of the insured. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Signed at (City, State): _____ Date: _____

Signature of Applicant: _____ Title: _____