



Fiercely Committed.
Proudly Independent.

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**EXCESS AUTOMOBILE
LIABILITY APPLICATION**

NAME OF AGENT: _____

APPLICANT NAME: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

PRIMARY CARRIER: _____ POLICY #: _____

COVERAGE

LIMITS

PREMIUM

BODILY INJURY: EACH PERSON _____
EACH OCCURRENCE _____

PROPERTY DAMAGE: EACH OCCURRENCE _____

COMBINED SINGLE LIMIT: EACH OCCURRENCE _____

QUESTIONS:

1. IS APPLICANT IN ASSIGNED RISK PLAN? Y____ N____

2. IS APPLICANT A PUBLIC TRUCKMAN? Y____ N____

3. DOES APPLICANT HAUL OWN MERCHANDISE EXCLUSIVELY? Y____ N____

4. DESCRIBE NATURE OF CARGO HAULED: _____

5. IS ANY CARGO HAULED EXPLOSIVE, FLAMMABLE OR CAUSTIC? Y____ N____

IF YES, DESCRIBE: _____

6. RADIUS OF OPERATIONS: _____

7. MILEAGE OF LONGEST RUN: _____

8. TOTAL NUMBER OF DRIVERS: _____

9. AVERAGE LENGTH OF SERVICE: _____

10. DO YOU HAVE AN ORGANIZED SAFETY PROGRAM? _____

11. NUMBER OF DRIVERS UNDER 25: _____

12. NUMBER OF DRIVERS OVER 65: _____

13. LIST INDIVIDUAL CLAIMS OVER \$10,000: _____

14. NUMBER OF CLAIMS EACH OF LAST 3 YEARS: _____

15. LIVERY VEHICLES ONLY; CHECK CLASSES WHICH APPLY:

TAXI _____ COURTESY CAR _____

SCHOOL BUS _____ PUBLIC _____

INTER-CITY BUS _____ INTRA-CITY BUS _____

LIMOUSINE SERVICE _____ PRIVATE _____

CHARTER _____ NURSERY _____

16. DESCRIPTION OF VEHICLES:

<u>YEAR</u>	<u>MAKE</u>	<u>SERIAL #</u>	<u>PURPOSE OF USE</u>	<u>LIVERY VEHICLES ONLY PASSENGER CAPACITY</u>
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17. MVR'S REQUIRED FOR ALL DRIVERS

18. COPY OF PRIMARY POLICY DUE WITHIN 45 DAYS

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MIS-STATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE COMPANY AND THAT THIS APPLICATION WILL FORM A PART OF THE POLICY.

APPLICATION MUST BE SIGNED BY AN OFFICER OF THE CORPORATION OR THE MUNICIPALITY.

SIGNATURE OF APPLICANT(S)

TITLE/POSITION

DATE