



Fiercely Committed.
Proudly Independent.

TEL 617 471 7171 / TF 800 972 5381
FAX 617 471 7180 / TF 888 628 1906
EMAIL info@xsbrokers.com

WEB
xsbrokers.com

Transportation Services Program Supplemental Application
(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

1. **Type of transportation service provided:** Taxi Limo Other

If other, nature of operation: _____

2. **Sexual and/or Physical Abuse Coverage Limits:** \$25,000 Per Claim/\$50,000 Aggregate None

3. **Number of vehicles per type** (owned or contracted):

Type	Passenger Car	Limo	Van	Bus	Pedicab	Other
Number						

If other, describe: _____

4. **Does any vehicle have capacity in excess of fifteen (15) passengers?** Yes No

If yes, advise type of vehicle and number of passenger seats: _____

5. **Is there an established vehicle maintenance program?**..... Yes No

6. **Radius of operation** (in miles): _____

7. **Does applicant have an ICC or PUC filing?** Yes No

8. **Are state or local business licenses required?**..... Yes No

9. **Are background checks or investigations performed and MVRs obtained as part of the pre-employment criteria?** Yes No

10. Does applicant subcontract any operations? Yes No

If yes:

a. Description of operations subcontracted: _____

b. Annual cost of subcontracted work: _____

c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? Yes No

If yes, minimum General Liability limits required: _____

d. Are certificates of insurance required from all subcontractors? Yes No

e. Is applicant included as additional insured on all subcontractors' policies? Yes No

f. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No

If no, explain when not required: _____

11. Is liquor served or provided by applicant or subcontractor? Yes No

If yes, explain: _____

12. Does applicant provide or plan to provide any of the following services?

Air transportation services..... Yes No Pedicabs Yes No

Ambulance/Emergency transportation services Yes No If yes, are pedicabs used on public streets in metropolitan areas? Yes No

City bus..... Yes No Prisoner transportation services Yes No

Drivers provided for customers' vehicles .. Yes No Railroad transportation services Yes No

Emergency medical treatment Yes No School bus Yes No

Funeral transportation services..... Yes No Tour/Sightseeing agencies Yes No

Motorhome or Recreational vehicles..... Yes No Transportation of goods or commodities Yes No

Pedal buses (people powered buses)..... Yes No Water transportation services..... Yes No

13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

14. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

15. Automobile Policy Information (include copy of vehicle schedule):

Policy Number: _____

Insurance Carrier: _____

Limits of Liability: _____

Expiration Date: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____