



Commonwealth Insurance Partners

25 Newport Ave Ext. 1st Floor

Quincy, MA 02171

Limo Program Supplemental Application (3/08)

Applicant's Name: _____

Business Address: _____

FEIN #: _____ (if not shown on ACORD) FHWA/ DOT docket number (if applicable): _____

Website address: (if not shown on ACORD) _____

Garaging of vehicles if different from above: (if not shown on ACORD) _____

Provide the following information for all owners, officers, directors, partners of the named Insured:

Name: _____

Position/Function: _____

Number of years with insured: _____ Number of years in limo business: _____

General Information:

Years in business: _____ (if not shown on ACORD)

Are you a member of a livery association? Yes No

If yes, what organization: _____

Annual mileage per unit: _____

Are all vehicles unmarked? Yes No

Are all vehicles operated exclusively on a pre-arranged basis? Yes No

Are drivers uniformed? Yes No

Hours of operation: _____

Are daily vehicle inspections made? Yes No

Are the vehicles garaged when not in use? Yes No

Percentage of Vehicle use:

Airports: _____ Weddings: _____ Corporate: _____

Casinos: _____ Funerals: _____ Contract Service: _____

Scheduled shuttle service: _____ Other events: _____

Are stretched vehicles QVC or CMC approved? Yes No

Do any of the vehicles require a CDL? Yes No

How many hours per day are the vehicles in use? _____

Indicate percentage of customers that are:

General Public: _____%

Specialized (Elderly, children, Special Needs or Package Delivery): _____%

Describe your 5 most frequent destinations or most common routes:

1. _____

2. _____

3. _____

4. _____

5. _____

List all contracts you currently have: _____

Do you hire independent operators? _____

If yes, do you require limits equal to your own? _____

Annual cost of hire: \$_____

Do you operate as an independent contractor for other limousine companies?

Yes No

Does the applicant own or operate another public auto operation such as taxis or busses?

Yes No If yes, please describe _____

Risk Management Information:

Does the applicant assign one operator exclusively to each vehicle? Yes No

Are there any substitute or occasional operators? Yes No

Do the operators take the vehicle home at night? Yes No

Do you have a policy prohibiting use by household members? Yes No

Is personal use of vehicles allowed? Yes No

Are MVRs required prior to hiring? Yes No

How often are MVRs checked? _____

Are all drivers required to have at least 2 years similar experience? Yes No

Is a driving test given before hiring? Yes No

Do you conduct random and reasonable "for cause" drug testing? Yes No

Is there a dedicated employee who handles accidents? Yes No

Name: _____

Are post accident investigations completed? Yes No

If yes, what action is taken? _____

Describe disciplinary procedures for moving violations and accidents: _____

Does driver training include the following?

Daily vehicle inspection procedure: Yes No

Emergency procedures: Yes No

Handling of passengers: Yes No

Accident Investigation Procedures: Yes No

Who services your vehicles? _____

If you service your own, do you have a full time mechanic? Yes No

Does your maintenance program include:

A service record of each vehicle? Yes No

Trip or vehicle condition report? Yes No

Annual inspections? Yes No

I hereby declare that I have read all of the statements contained in this application and they are true and complete as of this date.

Date: _____

Applicant's Signature: _____

The information contained in this application is as told to me by the applicant and is true to the best of my knowledge.

Date: _____

Producer's Signature: _____