

Adriatic Insurance Company

APPLICATION FOR COMMERCIAL PHYSICAL DAMAGE INSURANCE
PUBLIC AUTOMOBILE

Name of Applicant _____

Address _____

Zip _____ Phone # _____

Date coverage to be effective from _____ to _____ Insured is: Individual Partnership Corporation

Insured's business? _____ Years experience in this business? _____

Is this your primary business? Yes No If no, explain _____

Will any of your Equipment ever be loaned or rented to others? (If yes, explain) _____

Is your business (check one) Seasonal For Profit Currently for Sale Federally Funded

Define normal areas of operations: _____

Driver's permitted to use vehicle for personal use? Yes No Are vehicles owner operated only? Yes No

OPERATION AND VEHICLES

TAXI'S

LIMOUSINES

BUSSES OR SHUTTLES

Metered Vehicles _____

Stretch Limo's Over 80" _____

Busses _____ # Vans _____

Radio Vehicles _____

Stretch Limo's Under 80" _____

Est. Annual Mileage _____

Hours Used Daily _____

Standard Limo's _____

(Check One) Ambulette Airport

Drivers Per Day _____

Medi Van Charter

PREVIOUS BUSINESS & LOSS EXPERIENCE

Name of your insurance carrier for last 3 years? _____

Have you ever had insurance for this type of operation canceled, declined or renewal refused? _____

(If so explain fully below giving name of insured companies, dates, and reason for cancellation or refusal.) _____

SHOW POLICY PERIODS FOR PAST THREE YEARS	DATE OF LOSS	LOSSES BY COLLISION	LOSSES BY FIRE	LOSSES BY THEFT	OTHER LOSSES
From _____ To _____		\$	\$	\$	\$
From _____ To _____		\$	\$	\$	\$
From _____ To _____		\$	\$	\$	\$

This application shall not be binding unless and until a policy shall be issued and a down payment received and then only as of the commencement date of said policy and in accordance with all terms thereof, and the said Applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the Insured.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and it is not to be relied upon by the Applicant in any respect.

SCHEDULE OF VEHICLES

THIS IS NOT A BINDER
CHECK COVERAGE DESIRED:

FIRE
 THEFT
 COMBINED ADDITIONAL COVERAGES
 COLLISION
 DEDUCTIBLE: \$ _____
 OTHER _____

NO.	YEAR MODEL	TRADE NAME	VIN	STRETCH # OF INCHES	STATED AMOUNT *	PERCENT FACTOR	PREMIUM	LOSS PAYEE AND FULL ADDRESS

* STATED AMOUNT INCLUDES COST OF SPECIAL EQUIPMENT PROVIDED IT IS LISTED AND VALUED SEPARATELY.

SCHEDULE OF DRIVERS: NAME	DATE OF HIRE	# YEARS COMM'L DRIVING EXP.	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	DRIVING RECORD LAST THREE YEARS

POLICY REQUIRES DOUBLE DEDUCTIBLE FOR UN-REPORTED DRIVER'S - PLEASE REPORT DRIVERS WHEN HIRED

 Insured's Signature

I hereby certify that after diligent effort I have been unable to procure the insurance applied for above from authorized insurers.

Producer's Name: _____
 Address: _____
 By: _____ Date: _____

PREMIUM	\$ _____
POLICY FEE	\$ _____
	\$ _____
TAX	\$ _____
TOTAL	\$ _____