

Name of Applicant :

Address: [] City: [] State: [] ZIP: []

Phone Number: [] Email: []

Coverage to be effective From

TO:

Applicant's Business: [] Taxi/Uber [] Black Car/Limo [] NEMT [] Shuttle

Has Applicant had any losses within the last 3 years? [] YES [] NO

Have you ever had your insurance [] Cancelled? [] Declined? [] Renewal refused?

Name of Previous Carrier? [] Last Known Adriatic Policy#: []

Is vehicle Wheelchair accessible (WAV)? [] YES [] NO

WAV components are custom equipment and not automatically covered. For coverage to apply to damaged equipment, stated limit must include vehicle ACV plus cost of equipment installation subject to \$2500 minimum deductible.

Is vehicle all electric or Non Gas Powered (NPG)? [] YES [] NO

Electric or NGP vehicle manufacturers requiring specialized parts or services-\$5,000 Deductible will apply

Coverage Options: [] Collision and *Comprehensive-additional premium applies per unit/vehicle

Select Only 1 [] Collision and Fire, Theft & Combined Additional Coverages- Base pricing

*Comprehensive may not be available in all states, Not underwritten in SC or KY. Fire, Theft & Combined Additional Coverages (specified perils) will be the only available coverage if Comprehensive is not underwritten in your area. Comprehensive coverage is an upgrade and additional premium applies.

Towing Options: Towing and storage are not included with the listed Coverage Options and must be purchased separately. This coverage may be needed in the event of a total loss. Tow limits listed represent the maximum towing benefit for any one loss. Loss must be due to covered peril. Towing is not available for mechanical breakdown. Select Only 1

- [] I do not want to pay for towing and storage. I understand my policy does not include this coverage.
[] I want \$750 Elective Towing for an additional premium per unit/vehicle.
[] I want \$1,000 Elective Towing for an additional premium per unit/vehicle.

This application shall not be binding unless and until a down payment received and a policy issued and then only as of the commencement date of said policy and in accordance with all terms thereof. Applicant hereby covenants and agrees that the forgoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar same as known to the Applicant; and the same are hereby made the basis and 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 is not to be relied upon by the applicant in any respect. 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 AND WILL BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

SCHEDULE OF EQUIPMENT

THIS IS NOT A BINDER

Deductibles: May vary-see schedule

| No | Year | Vehicle Make or Manufacturer | Vehicle Model | VIN Number | Stated Amount * | Deductible | Rate | Premium | Loss payee and full address |
|----|------|------------------------------|---------------|------------|-----------------|------------|------|---------|-----------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

* Stated amount must include cost of refrigeration equipment, (list separately), if any, attached to vehicle. ** Refrigerated units list separately from trailer giving serial number

SCHEDULE OF DRIVERS: MVR REQUIRED FOR EACH DRIVER AT BINDING OR DRIVER WILL BE EXCLUDED. MVRS SUBJECT TO UNDERWRITER APPROVAL

| Driver's Name: | Driver's License # | State | DOB | Driver's Name: | Driver's License # | State | DOB |
|----------------|--------------------|-------|-----|----------------|--------------------|-------|-----|
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Insured's Signature

Date

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: _____

Producer's Signature: _____

Date:

| | |
|------------|----|
| Premium | \$ |
| Policy Fee | \$ |
| | \$ |
| Tax | \$ |
| Total | \$ |