

MEDICAL TRANSPORTATION FOR HIRE NON-EMERGENCY INSURANCE

This Application is for Zurich Insurance. This Policy is Preferred. You must have at least 2 years of prior insurance and the following is required in order to obtain a firm insurance quote.

Accord application. After you have completed the attached application please contact our agency to have an agent complete the Accord application over the phone; 786-293-3637

Driver schedule: Form is attached

Vehicle schedule: Form is attached

Selector forms for the state of FL: Forms are attached

Currently Valued Loss Runs: You must contact either your current agent or the insurance carrier/company writing this policy to request Loss Run Reports for the LAST 3 YEARS, OR THE LAST 2 YEARS IF ONLY INSURED FOR 2 YEARS. We prefer this document by email since the fonts or letters are usually small and hard to read. If you do not have an email address please have them email the Report to SERVICE@USAINSURANCENET.COM

IN ORDER TO RECEIVE AN INSURANCE OFFER YOU MUST RETURN ALL COMPLETED FORMS BY FAX OR EMAIL TO:

FAX: 786-293-3669

EMAIL: SERVICE@USAINSURANCENET.COM



Public Auto Questionnaire

This questionnaire is to be completed in conjunction with Acord 137. Complete Acord 126 if General Liability is requested.

Applicant Name: _____ Date Completed: _____

Effective Date: _____ to _____ FEIN: _____

Business Type: Individual Partnership Corporation LLC Other _____

Mailing Address: _____

(Street, City, State, Zip Code)

Website Address: _____ Phone # (including area code): _____

Inspection Contact: _____ Contact Phone #: _____

Attach a list of all garaging locations if different from mailing or complete the following table.

Address	City	State	Zip Code

Coverages

Bodily Injury and Property Damage Limit \$ _____ Deductible \$ _____

Uninsured/Underinsured Motorists Statutory Limit Other \$ _____ UM PD Limit \$ _____

Medical Payments Limit \$ _____

Personal Injury Protection(PIP) Limit \$ _____

Physical Damage Comp or SP Collision Deductible \$ _____

Hired Auto Yes No Non Owned auto Yes No

Audio, Visual and Data Electronic Equipment (CA9960) Yes No Limit Per vehicle up to \$10,000 \$ _____

General Liability Yes No

Other _____ Limit \$ _____ Deductible \$ _____

Other _____ Limit \$ _____ Deductible \$ _____

1. How long has current management been in place? _____

2. Any affiliation with or ownership in another livery company? Yes No
If yes, explain: _____

3. Has applicant filed bankruptcy in the past 7 years? Yes No

4. Does applicant generate revenue from any other operations? Yes No
If yes, explain: _____

5. Does the applicant charge for their services? Yes No If yes, who pays the fee? _____

6. Percent of trips scheduled 24 hours or more in advance: _____%

7. Is applicant contracted with or do they operate as an owner operator for another transportation company? Yes No
If yes, please provide the name of the company: _____

8. Percentage of trips of operation in the following radius categories:

0-50 _____%	101-200 _____%	301-500 _____%
51-100 _____%	201-300 _____%	501-over _____%

9. List all states in which the applicant operates: _____

10. Complete for all applicable operations. (Must total 100%)

_____ %	Airport Transportation	_____ %	Farm Labor Transport	_____ %	Senior Transportation*
_____ %	Athlete/Entertainer Transportation	_____ %	Gambling/Casino Transportation	_____ %	Sightseeing Bus
_____ %	Ambulance	_____ %	Hotel/Motel Transportation	_____ %	Social Service
_____ %	Black Car	_____ %	Inter City Bus	_____ %	Taxi
_____ %	Charter Bus	_____ %	Limousine	_____ %	Urban Bus
_____ %	Church Bus	_____ %	Non-Emergency Transportation*	_____ %	Van Pools
_____ %	Contracted Child Transport	_____ %	Parking Shuttle	_____ %	Youth Organization
_____ %	Courtesy	_____ %	Prisoner/Juvenile Transport	_____ %	Other – Details: _____
_____ %	Day Care	_____ %	Railroad Crew Transport	_____ %	
_____ %	Employee Transportation	_____ %	School Bus	_____ %	

* Must complete the Non Emergency Transport Section

11. Does applicant allow drivers to wait at sites to solicit unscheduled passengers? Yes No
12. Do any of the vehicles have the following characteristics?
- a. Wheelchair lifts/spaces Yes No If yes, complete Non Emergency Medical Transport section
 - b. Stretched over 180" Yes No If yes, please provide the remanufacture information on the schedule.
 - c. Hot Tub, 3rd Wheel Axle, Fire Place Yes No
13. Does applicant lease or loan vehicles to others? Yes No If yes, Does applicant provide the driver? Yes No
14. Is there any personal use of scheduled autos? Yes No If yes, what % is personal use? _____ %
15. Does applicant allow drivers to take autos home? Yes No
If questions 14 or 15 are answered yes, are all potential drivers in the household shown on the schedule? Yes No
16. Do all drivers have 2 or more years experience driving like vehicles? Yes No
17. Does applicant have a formal safety program? If yes, provide details: Yes No

18. Does applicant have a formal maintenance program? If yes, provide details: Yes No

19. Does applicant have Workers' Compensation Insurance in place? Yes No Carrier: _____

20. Does applicant travel to Mexico or Canada? Yes No If yes, provide details: _____

21. Historical operating information:

	Gross Receipts	Owned # Power Units	Owner Operator # Power Units
Current Year	\$		
1st Year Prior	\$		
2nd Year Prior	\$		
3rd Year Prior	\$		

22. Are certificates to airports needed? Yes No If yes, list airports: _____

23. Does applicant need any taxi cab companies listed as Additional Insured or cert holders? Yes No

24. Are any other Additional Insureds and/or certificates of insurance required? Yes No

If yes, attach a list, Acord 45 or complete the following table.

Cert/Al	Name	Address	Relationship	Type
				<input type="checkbox"/> Auto <input type="checkbox"/> GL <input type="checkbox"/> Both
				<input type="checkbox"/> Auto <input type="checkbox"/> GL <input type="checkbox"/> Both
				<input type="checkbox"/> Auto <input type="checkbox"/> GL <input type="checkbox"/> Both

25. Provide currently valued (within the last 3 months) company loss runs for the current year and 3 prior years for all lines of coverage requested. If less than 5 units, applicant may complete the following chart instead of proving loss runs.

Policy Term From	Policy Term To	Coverage (AL, APD, GL or All)	Carrier	# of Claims	Total Incurred
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> GL <input type="checkbox"/> All			\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> GL <input type="checkbox"/> All			\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> GL <input type="checkbox"/> All			\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> GL <input type="checkbox"/> All			\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> GL <input type="checkbox"/> All			\$

26. Provide a list of drivers that includes name, date of birth, years experience, driver's license number, state of issuance and date of hire or complete the following table.

Name	Date of Birth	License Number	State	# of years Driving Like Equipment	Date of Hire

27. Provide a list of equipment that includes model year, trade name, type, VIN #, seating capacity, insured value, radius, AI/LP and the name of the coach builder on all units stretched over 180" or complete the following table.

Model Year	Trade Name	Vehicle Type*	Stretch Length	if > 180" Name Of Coach Builder	VIN	Seating Capacity	<input type="checkbox"/> Stated Value or <input type="checkbox"/> OCN	Radius
							\$	
AI/LP:							\$	
AI/LP:							\$	
AI/LP:							\$	
AI/LP:							\$	
AI/LP:							\$	
AI/LP:							\$	

*S=Sedan, SUV=Sport Utility Vehicle, V=Van, ST=Stretched, T=Trolley, B=Bus, LB=Luxury Bus, OC=Overnight Coach, D=Double Decker, O=Other

28. Max number of vehicles stored: Inside _____ Outside _____

Hired Auto Liability - Complete only if Hired Auto is requested.

1. Does applicant hire, rent or borrow autos from others? Yes No
 - a. If yes, Does applicant provide the driver? Yes No
 - b. If yes, provide the Estimated Cost of Hire:

	Current Year	\$			2 nd Prior Year	\$	
	1 st Prior Year	\$			3 rd Prior Year	\$	
 - c. Passenger Capacity of autos hired: _____
2. Does applicant arrange for another transportation company to provide "fill in" service for overflow business? Yes No

If yes, Does applicant collect money from the client and pay the other transportation company directly? Yes No

If yes:

 - a. Are the revenues included in the Estimated Cost of Hire in Question 1.b. above? Yes No
 - b. Is there a written contractual agreement? Yes No
 - c. Are they listed as additional insured on the other company's policy? Yes No
 - d. Does applicant get certificates of Insurance? Yes No
 - e. Under whose authority do they operate? _____

Hired Auto Physical Damage - Complete only if Hired Auto Physical Damage is requested.

Does applicant rent or use substitute equipment? Yes No

Non-Owned Auto - Complete only if Non Owned Auto is requested.

1. Do employees or volunteers ever use their own vehicles in applicants business? Yes No
2. If yes, or if non-owned auto coverage is being requested, provide the following:
 - a. What types of non-owned autos will be used in the applicants business? _____
 - b. For what purpose will they be used? _____
 - c. Number of non-owned autos used in the applicants business: _____ Daily _____ Weekly _____ Monthly
 - d. Are employees or volunteers required to have their own insurance? Yes No
 - e. If yes, what limits are required? \$ _____

General Liability - Complete only if General Liability is requested.

Coverage	Limit	
General Aggregate	\$ _____	Each Occurrence \$ _____
Personal & Advertising Injury	\$ _____	Products & Completed Operations \$ _____
Damage to Rented Premises (each occurrence)	\$ _____	Medical Expense(any one person) \$ _____
Employee Benefits	\$ _____ # of employees _____	Stop Gap Liability \$ _____

LOC	Classification	Class Code	Exposure

1. Does applicant operate from a personal residence? Yes No
2. Does applicant provide maintenance on any non-owned units? Yes No If Yes , provide details:

Filings - Complete only if filings are required.

- 1. Does applicant own or operate any equipment not listed on the vehicle schedule? Yes No
- 2. Provide name and address under which filing should be issued: _____

Check all that apply: Federal State Other
ICC MC/DOT #: _____ State #: _____ Other: _____

Non-Emergency Medical Transport – Complete only if applicable

- 1. Are any of the vehicles equipped with lights or sirens? Yes No
- 2. Is applicant affiliated with or do they have contracts with schools Yes No
If yes, provide details: _____
- 3. Do all drivers have 2 or more years experience transporting elderly or special needs passengers? Yes No
- 4. Are any passengers transported by gurney or stretcher? Yes No
- 5. Are there written procedures in place for loading and unloading of passengers? Yes No
- 6. Describe applicant's training efforts for operations of lifts, wheelchair securement, passenger assistance and First aid: _____

- 7. If applicant has vehicles with wheelchair lifts/spaces, please provide the vehicle numbers from the schedule: _____

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

**FLORIDA
UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM
AND ANNUAL OPTIONS NOTICE**

Business/Applicant Name:

Address

IF YOU ARE A NEW CUSTOMER OR APPLICANT, Florida law requires that automobile liability policies be issued with automatic Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your **policy unless** you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely. If any named insured on the automobile liability policy is designated as an individual, your automatic Uninsured Motorists Coverage will also be in the form of Stacked* coverage, unless you elect otherwise on this form. For a non-individual named insured operating as a legal entity, your policy will include Non-Stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

IF YOU ARE A CURRENT POLICYHOLDER, the Uninsured Motorists Coverage rejection or limits of your policy, including the Stacked* or Non-Stacked form of coverage, will continue to **apply unless** you make a different election below. If you change your policy's liability coverage limits for Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage, your Uninsured Motorists Coverage limits will equal the new liability coverage limit(s) and if any named insured on the automobile liability policy is designated as an individual in the policy Declaration(s), your Uninsured Motorists Coverage will also be in the form of Stacked* **coverage, unless** you elect otherwise on this form. For a non-individual named insured operating as a legal entity, your policy will include Non-Stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

Florida law requires that we provide you notice of your Uninsured Motorists Coverage options at least annually. Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Non-Stacked is a limited type of Uninsured Motorists Coverage. Subject to the provisions of the policy, if injury occurs in a covered vehicle owned or leased by you (or any family member who resides with you), under the Non-Stacked type of coverage only the limits of coverage (if any) which apply to that vehicle are available under this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorists Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you. For a named insured designated as an individual, Non-Stacked Uninsured Motorists Coverage is available at a reduced rate when compared to the Stacked* form of coverage. For a non-individual named insured operating as a legal entity, your policy will include Non-Stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

***Stacking of Uninsured Motorists Coverage is not available to a non-individual named insured operating as a legal entity.**

If you do not elect to purchase the Non-Stacked form or you do not reject Uninsured Motorists Coverage entirely, and a named insured on the automobile liability policy is designated as an individual, your Uninsured Motorists Coverage limit(s) for each motor vehicle are added together (Stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

Please mark your coverage selection/rejection or changes below, sign and return this form.

- I hereby reject Uninsured Motorists Coverage, Stacked" and Non-Stacked, on behalf of myself and all insureds under my policy.
- I hereby select Non-Stacked Uninsured Motorists Coverage at the same limits as my policy's Bodily Injury Liability Coverage (split limits) or my Combined Single Limit for Liability Coverage.
- I hereby select Non-Stacked Uninsured Motorists Coverage at limits lower than my policy's Bodily Injury Liability Coverage (split limits) or my Combined Single Limit for Liability Coverage. *(Specify limits)*
 - \$20,000 each accident
 - \$50,000 each accident
 - \$100,000 each accident
 - \$250,000 each accident
 - \$300,000 each accident
 - \$350,000 each accident
 - \$500,000 each accident
 - \$750,000 each accident
 - \$1,000,000 each accident
 - \$ _____ (Fill-in for other available limits. Please contact your agent or broker for available options.)

I hereby select **Stacked** Uninsured Motorists Coverage at the same limits as my policy's Bodily Injury Liability Coverage (split limits) or my Combined Single Limit for Liability Coverage. *[Note: If you select this option, then please disregard the capitalized statement in bold at the beginning of this form.]*

- I hereby select **Stacked** Uninsured Motorists Coverage at limits lower than my policy's Bodily Injury Liability Coverage (split limits) or my Combined Single Limit for Liability Coverage. *(Specify limits)*
 - \$20,000 each accident
 - \$50,000 each accident
 - \$100,000 each accident
 - \$250,000 each accident
 - \$300,000 each accident
 - \$350,000 each accident
 - \$500,000 each accident
 - \$750,000 each accident
 - \$1,000,000 each accident
 - \$ _____ (Fill-in for other available limits. Please contact your agent or broker for available options.)

I understand and agree that selection of any of the above options applies to my automobile liability insurance policy and future renewals or replacements of such policy which are issued at the same liability limits for Bodily Injury Liability or Combined Single Limit for Liability Coverage, and if I decide to select another option at some future time, I must let the Company or my agent know IN WRITING.

X _____
Signature of Named Insured

Date

***Stacking of Uninsured Motorists Coverage is not available to a non-individual named insured operating as a legal entity.**

**COMMERCIAL AUTOMOBILE
PIP SELECTION**

FLORIDA

(To be completed and signed by the Named Insured)

Business/Applicant Name:	Policy No.
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PERSONAL INJURY PROTECTION (PIP) COVERAGE

The Florida Motor Vehicle No-Fault law requires that your policy provide Personal Injury Protection coverage. We will pay benefits in accordance with the law to or for an insured who sustains bodily injury in an accident arising out of the ownership, maintenance or use of a motor vehicle subject to limits and exclusions in the policy. The requirement to provide this coverage does not apply to: mobilehome or any motor vehicle which is used in mass transit, other than public school transportation and designed to transport more than five passengers exclusive of the operator of the motor vehicle and which is owned by a municipality, a transit authority or a political subdivision of the state.

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

With this knowledge, I hereby select to purchase Personal Injury Protection coverage with the following limitations and/or deductible by checking the appropriate box below:

- Personal Injury Protection - Exclusion of Work Loss
 - Work loss for Named Insured does not apply.
 - Work loss for Named Insured and dependent family member does not apply.
- Personal Injury Protection Deductible of:
 - \$250 \$500 \$1,000
 - applies to:
 - The Named Insured only.
 - The Named Insured and each dependent family member.

I have read this offer form carefully and I have indicated my Personal Injury Protection Coverage selections above.

 X
Signature of Named Insured

Date

DRIVERS SCHEDULE

<u>DRIVER NAME</u>	<u>DOB</u>	<u>LICENSE #</u>	<u>CLASS TYPE</u>	<u>EXPERIENCE</u>	<u>DATE EMPL.</u>

Applicant's Signature X_____ Date _____

<u>UNIT #</u>	<u>YEAR</u>	<u>MAKE</u>	<u>VEH. ID. NUMBER</u>	<u>PASSENGERS</u>	<u>TYPE</u>	<u>\$ STATED AMOUNT</u>	<u>GARAGING LOCATION</u>
1							
2							
3							
4							
5							
6							
			EXAMPLE BELOW				
1	2010	FORD	1GDF3288LKMWER33	15	VAN	25,000	5678 BLUE BIRD TRAIL OCALA, FL 33589