

**TAXICAB LIABILITY COVERAGE -  
EXPOSURE QUESTIONNAIRE**

Named Insured: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

**DESCRIPTION OF OPERATIONS:**

1. Do you ever have occasion to transport passengers who are physically or mentally handicapped? If Yes, please explain.

Yes                       No

If yes, details: \_\_\_\_\_

2. Do you ever perform non-emergency medical transportation?

Yes                       No

3. What percentage of revenue is from non-passenger transport? \_\_\_\_\_ %

4. Do you operate over a scheduled route?

Yes                       No

5. Please list all cities regularly entered and percentage of travel to each:

City	Percentage

6. What percentage of operation is airport work? \_\_\_\_\_ %

Name of Airport(s): \_\_\_\_\_

7. Do drivers own and operate their own vehicles for the business?

Yes                       No

8. Does the Insured have a written policy in place to address personal use of company owned vehicles?

Yes                       No

9. Are taxis regulated by the borough or township in which they operate? If so, please provide details

Yes                       No

If yes, details: \_\_\_\_\_

10. How often are Motor Vehicle Reports reviewed?

Every 6 months     Once a year     Once every 2 years     Other

If other, please describe: \_\_\_\_\_

11. Are all taxis metered?

Yes                       No

Vehicle Type/Count	Projected	Current	1st Prior	2nd Prior	3rd Prior	4th Prior
Sedan / SUV (non-stretched)						
Van (< 8 passengers)						
Other (please describe)						
<b>Total units:</b>						

**Please complete the below questionnaire for Taxi Fleets**

**DRIVER INFORMATION** (Please attach Driver Schedule with Dates of Birth, and Dates of Hire)

Total # of Drivers: \_\_\_\_\_ # of Independent Contractor \_\_\_\_\_

# over 65 y.o.: \_\_\_\_\_ # under 25 y.o.: \_\_\_\_\_

In the past year, how many drivers were: Hired: \_\_\_\_\_ Terminated: \_\_\_\_\_

**Driver Hiring Criteria: (Check all that apply)**

Written Application	<input type="checkbox"/>	Full Medical	<input type="checkbox"/>
Road Test	<input type="checkbox"/>	Drug Testing	<input type="checkbox"/>
Written Test	<input type="checkbox"/>	Current MVR	<input type="checkbox"/>
Reference Checks	<input type="checkbox"/>		

**Check Yes or No to the following questions:**

Do you agree to report all drivers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any family members under 21 primary drivers of a company auto?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all drivers properly licensed and DOT Compliant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have all drivers been driving a similar vehicle for 2+ years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all drivers have at least 5 years U.S. driving experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is disciplinary plan documented for all drivers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**VEHICLES**

What percentage of the fleet are wheelchair equipped? \_\_\_\_\_

Do you hire from others for your use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hire from others with a driver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lease to others for their use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lease to others without a driver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there assumed liability by contract/agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Do you have the following (Check all that apply):**

Written maintenance program	<input type="checkbox"/>	Written safety program	<input type="checkbox"/>
Written driver-training program	<input type="checkbox"/>	Written accident reporting procedures	<input type="checkbox"/>

**Other Maintenance Questions:**

How many certified mechanics do you employ? \_\_\_\_\_

How often do you hold safety meetings? \_\_\_\_\_

Who is in charge of claims? \_\_\_\_\_

**Check Yes or No to the following questions:**

Is your maintenance program managed by your company?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide complete maintenance on all vehicles?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the following be available for our review?*		
Driver Files	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accident Files	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recording Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Radio Dispatch	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will all claims be reported directly to CNA?

Does road supervision include: