

STONEWOOD

Taxi – Auto Liability - Supplemental Questionnaire

Applicant Information			
Insured Name (including subsidiaries)			
# Years in Business		FEIN#	
Docket # if filings required		Association Membership(s) If any	
List details of any changes in business or operations in past 5 years, including ownership, name change (provide prior business name):			

Operations						
Taxi	Limo	Van	Non-Emergency Medical	Shuttle Services	Other – Describe (i.e. disabled passengers)	Must Total 100%
%	%	%	%	%	%	
	# 1-6 Passenger	# 7-10 Passenger	# >10 Passenger	% 0-50 Mile Radius	% 51-200 Mile Radius	% >200 mile radius
Taxis	#	#	#	%	%	%
Limos	#	#	#	%	%	%
Vans	#	#	#	%	%	%
Other	#	#	#	%	%	%
Describe geographic area of service, list any major metropolitan areas:						
Airport Trips % of operation	%	List airports where you pick-up or deliver				
Are your drivers, employees or independent contractors?			Do you provide Workers Compensation for drivers		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you subcontract any part of your operations?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, are certificates of insurance required			Yes <input type="checkbox"/> No <input type="checkbox"/>		Limit of Liability Required \$	
Do any drivers operate regular routes?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, provide details						
Are any owners, officers, managers or employees permitted personal use of the vehicles? If yes, list individuals, describe controls and list driver information for all family members of these individuals					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe formal safety program currently in place						
Describe accident reporting program in place, including any driver disciplinary procedures						

Drivers (List of all persons with access to vehicles is required including driver license # and state of license)	
Is written application required of all drivers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe age requirements in place for drivers?	
Do you obtain MVR's on all drivers prior to hiring?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How often are MVR's run after hire date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are drivers subject to a pre-hire physical	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are drivers subject to pre-hire and random drug testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are post-accident drug testing procedures in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are drivers road tested prior to hire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are drivers paid (i.e. hourly, by trip, % of receipts, other)?	

STONEWOOD

Is there a driver safety incentive program in place?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a formal driver training program in place?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all drivers trained to transport passengers with special needs?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Current # of drivers		# of drivers added in past 12 months		# of drivers replaced in past 12 months	
Do you hold regular driver safety meetings:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, how often:		
Do you report all drivers to your agent prior to allowing them to operate your vehicles?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you comply with all DOT regulations concerning driver employment, files and regulations?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are drivers allowed to take vehicles home?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Vehicle Information					
Are all vehicles titled and licensed to insured, and in the state which they operate?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO, please identify the vehicle, owner and if a formal leasing contract is in place:					
Please describe where vehicles are stored and security measures in place:					
On vehicle schedule, please identify any vehicle(s) identified with equipment to transport passengers with special needs. Also describe equipment (i.e. Lifts, ramps, wheelchair passenger restraints, wheelchair securing systems etc...)					
Describe formal vehicle maintenance program in place (include frequency, who provides service, what is included in service, how long are records kept)					
Are daily or pre-trip inspections made to all vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, are records kept on file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME and VA, insurance Benefits may also be denied.)

Applicant's signature: _____ Title: _____ Date: _____
(Owner or Officer)