

**LIMO 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 of Travel

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

10. How often are Motor Vehicle Reports reviewed?

Every 6 months Once a year Once every 2 years Other

If other, please describe: _____

Projections of Historical Figures	Projected	Current	1st Prior	2nd Prior	3rd Prior	4th Prior
Gross Revenues						
Total Fleet Mileage						

Vehicle Type/Count	Projected	Current	1st Prior	2nd Prior	3rd Prior	4th Prior
Sedan / SUV (non-stretched)						
Stretch Limo						
Stretch SUV						
Super stretch SUV (>200" stretch)						
Van (< 8 passengers)						
Other (please describe)						
Total units:						

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 Full Medical
 Road Test Drug Testing
 Written Test Current MVR
 Reference Checks

Check Yes or No to the following questions:

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

VEHICLES

- What percentage of the fleet are wheelchair equipped? _____
 Do you hire from others for your use? Yes No
 Do you hire from others with a driver? Yes No
 Do you lease to others for their use? Yes No
 Do you lease to others without a driver? Yes No
 Is there assumed liability by contract/agreement? Yes No

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

- Written maintenance program Written safety program
 Written driver-training program Written accident reporting procedures

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? Yes No
 Do you provide complete maintenance on all vehicles? Yes No
 Will the following be available for our review? Yes No
 Driver Files Yes No
 Accident Files Yes No
 Will all claims be reported directly to CNA? Yes No
 Does road supervision include: Yes No
 Recording Devices Yes No
 Radio Dispatch Yes No