



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

DIRECTIONS: 1. Fill in the application by filling in the blue fields on all pages.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

A. Applicant's Name: _____

B. Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

C. Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

D. Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

E. Detailed description of business activities (specifically, and by location): _____

F. Applicant is: Individual Corporation Partnership Joint Venture Other: _____

G. What year was the business established? _____

H. Please list the owner(s) of the business applying for insurance and identify how many years' experience the owner(s) has in this type of business: _____

I. Please list the manager(s) of the business applying for insurance and identify how many years' experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

2. Insurance History

A. Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

B. Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

C. Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

D. If yes, please explain: _____

E. Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

F. If the standard markets are declining placement, please explain why: _____

3. Other Insurance

A. Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

4. Desired Insurance

A. Per Person/Per Act/Property Damage Single Limit

<input type="checkbox"/>	\$15,000/\$30,000/\$5,000	<input type="checkbox"/>	\$100,000/\$300,000/\$50,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$25,000/\$50,000/\$10,000	<input type="checkbox"/>	\$250,000/\$500,000/\$100,000	<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$50,000/\$100,000/\$25,000	<input type="checkbox"/>	\$250,000/\$1,000,000/\$100,000	<input type="checkbox"/>	\$1,000,000
<input type="checkbox"/>	\$100,000/\$250,000/\$100,000	<input type="checkbox"/>	Other _____/_____/_____	<input type="checkbox"/>	\$5,000,000

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Uninsured/Underinsured Motorists: Yes No Statutory Limits \$ _____

Personal Injury Protection (PIP) – no fault- Yes No Statutory Limits \$ _____

Note: Coverage is only provided if required by State Law.

Non-Taxi operations bodily injury and property damage combined single limit (\$1,000 S.I.R. applies to each loss):
 \$100,000 CSL \$150,000 CSL \$200,000 CSL _____ Other

Physical Damage Deductible:

\$500 \$750 \$1,000 \$5,000 Other: \$ _____

5. BUSINESS OPERATIONS

Operational

A. Type of business in which vehicles are used?

- Taxi Service Limousine Service/Black Car Airport Bus/Limo Service Inner City Bus
- Charter Bus Site Seeing/Tour Bus Social Service/Paratransit Bus (NOC).

Do you use any special equipment to transport passengers or patients? Yes No

If yes, please describe the equipment used: _____

B. What is the maximum radius of your operation? 0 – 50 miles 50 – 100 miles 100+ miles

C. What is the average distance from the origination of passenger pickup to drop off? _____

D. To what cities do you travel? _____

E. Do you operate in more than one state? Yes No

If yes, what are the other states? _____

F. Are there any vehicles owned by others that operate under your authority? Yes No

If yes, explain and identify the number and percentage of those so operated: _____

G. Do you operate your own auto mechanical repair and maintenance service garage for all owned autos? Yes No

If yes, provide address, phone, fax, e-mail, and name of manager. _____

1. If yes, are you providing repair and maintenance services to non-owned autos? Yes No

2. If no, provide name of company (or companies) you have contracted to provide repair and maintenance for all owned autos. _____

H. Do you provide taxis to drivers on a daily rental basis? Yes No

If Yes: 1. What is the number of units rented? _____

2. What percent of your total daily gross receipts are from daily rental taxi operations? _____%

I. Do all owned and/or operated autos under your name comply with all local, state and federal safety guidelines? Yes No

Risk Management

J. Does your company have a position whose job description provides risk management or loss control, performs safety inspections, or regularly scheduled safety training services? Yes No

If yes, please provide:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: # _____

Employee's specific responsibilities: _____

K. Describe your company's maintenance and inspection program that qualify your vehicles to be used for the services provided. A copy of your formal inspection and maintenance written procedure manual would be helpful.

L. Describe Safety procedures in detail. If you have written policies and procedures, or an employee manual, please include a copy. _____

M. Describe the company's policy and procedures effected to reduce charges of theft of personal property left in the auto by a passenger? _____

N. If you operate the company with non-owned autos, describe in detail the inspection and auto maintenance safety program you have effected, to verify that all non-owned autos are provided the repair and maintenance service required of all autos operated under your name and/or permits. _____

O. Do you have a written policy and procedure for handling customer complaints? Yes No

If no, would you effect one and educate all company drivers of the company's program? Yes No

P. Does the company a camera installed for protection purposes? Yes No

If yes, is it a two or one way camera? _____ If one way, which direction does it point? _____

If no, would the company agree to install such equipment? Yes No

Q. Does the company have a fenced yard for auto storage? Yes No

R. Provide names and addresses of regulatory authorities requiring filings. Please include your filing number.

Submit a copy of the current filings issued. If not issued, provide a copy of the application to be submitted.

Drivers

S. Are drivers required to complete a signed and dated inspection report form, identifying the condition of the auto at the end of each shift during a 24-hour period? Yes No

If yes, please provide a sample of the form used.

If No, would you be willing to affect such a program? Yes No

T. Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

U. Does the company check references on driver applications? Yes No

If no, would the company effect such a procedure as a provision to obtain the insurance? Yes N

V. Are all autos you own, which are operated as a listed on the attached equipment form? Yes No

If no, explain: _____

If additional space is needed to adequately answer any of the above questions, answer on a separate sheet of paper or on the back of this application. Please number your answer to correspond with the question.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

Dated: _____ Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name

OPERATOR SCHEDULE

An electronic list is mandatory for lists that exceed 4 drivers or 4 vehicles.

Applicant's Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For each driver, complete the following and attach a copy of the driver's MVR and license.

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: _____

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: _____

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: _____

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: _____

If any driver(s) should be specifically excluded from the policy, please attach a separate list.

If available, please attach a copy of the MVR and driver's license for each driver.

NOTE: Driver and vehicle information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

Vehicle Schedule

Insured/Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Business Telephone Number: _____

Fax: _____ E-Mail: _____

Medallion Number: _____

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		