# Public Auto Supplemental Application Airport Transport/Limousine

(Complete in addition to the Commercial Automobile Application)

# PROVIDE COPIES OF DRIVER TRAINING MANUAL AND SAFETY PROCEDURES AND COACH BUILDER INFORMATION

Αp	Applicant's Name:							
1.	Indicate type of operations. If more than one, show percentage of total:							
	Operated for hire on a pre-arranged basis for special or business functions, weddings, funerals or similar purposes.							
	☐ Transportation of passengers between airports and other passenger stations or hotels							
	☐ Transportation of passengers between airports and residences							
2.	List all cities entered:							
3.	Scheduled trips:% Unscheduled trips:		%					
4.	Percentage of vehicles registered as: Taxis:% Limousines:		%					
5.	Are vehicles bubbled or metered?		%					
6.	Are vehicles equipped with alarms?		□No					
7.	Where are the vehicles kept when not in use?							
8.	If vehicles are stored at one location, describe the type of location and its security:							
9.	If yes, what is your policy on personal use of the vehicles?							
0.	Do any vehicles provide open-air seating, rumble seats, convertible tops or hot tubs?  If yes, what vehicles?		☐ No					
1.	What are your estimated annual gross receipts for the coming year?							
2.	What are your estimated annual gross receipts for the last year?							
3.	What percentage of gross receipts are from overflow business from the other livery services subcontracted to you?							

<b>1. Do you plar</b> If yes, explai			_	onal vehicles durin	_	year? ☐ Yes ☐ N		
. Do you operate any other type of public livery operations?								
-	-			m others? & Non-owned Suppl				
	Lease from Others		Rent from Others		Borrow from Others			
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity		
With Driver								
Without Driver								
. Does the ap	plicant ever le	ase, rent or loan v	ehicles to oth	ers?		Yes N		
	Lease	from Others	Rent from Others		Borrow from Others			
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity		
With Driver								
Without Driver								
RIVER INFOR	MATION							
B. Identify the		☐ Defensive d	riving	your drivers receive  Benergency vehicle  Passenger assista	e evacuation	☐ Primary first aid		
	ınd check	n hiring a new driv	prior to employ		d test	Written application		
	eria for hiring drivers: Minimum Age: Years of Chauffer Experience: eribe MVR standards:							
. Are new drivers required to ride with an experienced driver?								
. Current nur	mber of full-tim	e drivers:						
B. How many լ	part-time/seaso	onal drivers do you	ı have?					
. Formal attir	e required for	drivers?						

#### FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

## FRAUD WARNING (APPLICABLE IN FLORIDA):

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

#### FRAUD WARNING (APPLICABLE IN MAINE):

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

### FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

#### FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE:		
APPLICANT'S SIGNATURE:		DATE:
	(Must be signed by an active owner, partner, or executive officer.)	
PRODUCER'S SIGNATURE:		DATE:
AGENT'S NAME:	AGENT LICENSE NUMB	BER:
	(Applicable to Florida Agents Only)	