



LIMOUSINE

INSURANCE APPLICATION

Attention

Tel (800) 980-1950
Fax (800) 980-1960

APPLICANT INFORMATION

American Business Ins. Svc Inc., 32107 W. Lindero Cyn #120 Westlake Village, CA 91361

BUSINESS NAME				<input type="checkbox"/> dba	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
OWNERS NAME			Tax ID # or Social Security #			
Address			City	State	Zip	
Work phone			Cell	FAX		
REQUESTED POLICY EFFECTIVE DATE			ANNUAL POLICY	Years in Business	DOT # / PUC #	

YOU MAY ATTACH A FLEET LIST & DRIVERS LIST IF AVAILABLE.

ALL AUTOS MUST BE LISTED AND INSURED

If collision coverage desired put \$ Value

Year	Make / Model	Identification Number	Stretch (Inches)	# of Passengers	Approx Cost New
1					
2					
3					
4					
5					

Drivers Name

License #

DOB

	Drivers Name	License #	DOB
1			
2			
3			
4			
5			
6			

Yes Do you have a vehicle maintenance program.
 Yes Are Driving Records obtained prior to hiring?
 Yes Drivers Covered by W/C

Percent of Business From: Weddings: _____ Proms: _____ Corp Accts.: _____ Other: _____ (Explain in Notes Below)

COVERAGES

ACTUAL COVERAGES MAY DIFFER FROM THIS APPLICATION

Check Coverage

Limits of Liability Insurance Coverage

<input type="checkbox"/> Bodily Injury & Property Damage Liability	\$	NOTES	<input type="checkbox"/> PIP	MI, TX ONLY
<input type="checkbox"/> Uninsured Motorists	\$			
<input type="checkbox"/> Underinsured Motorists	\$			
<input type="checkbox"/> Collision & Comprehensive	\$1,000 Deductible			

REQUIRED INFORMATION

PREMIUM AND LOSS HISTORY AFFIDAVIT

Policy Year			
Prior Insurance Company			
Policy Number			
Annual Premium			
Total CLAIMS Amount (\$)			

4 Years Loss Record Required For Quote.
 Loss Runs Attached
 Loss Runs Attached
 Loss Runs Attached
 Loss Runs Attached

Loss Runs May Be Obtained From your Prior Insurance Company.

Coverage is Not Bound by signing this application, please see insurance binder.

Applicants Signature **X** _____

SUPPLEMENTAL LIMO QUESTIONNAIRE

PERCENT OF TRANSPORTATION SERVICE PROVIDED

SPECIAL OCCASION _____% EMPLOYEE TRANSPORT _____% SOCIAL SERVICE _____%
CORPORATE TRANSFER (OTHER THAN AIRPORT) _____% AIRPORT _____% FUNERAL SERVICE _____%
DAYCARE OR SENIOR CITIZEN _____% CHARTER (200+ MILE RADIUS) _____% OTHER (OTHER) _____%

PERCENT RADIUS OF OPERATION

0-50 MILES _____% 51-75 MILES _____% 75-100 MILES _____% 101-300 MILES _____% 300+ MILES _____%

LIST ALL STATES THAT VEHICLES UNDER THIS OPERATION TRAVEL
IN: _____

IS THIS A NEW VENTURE? _____ IF NOT, HOW LONG IN BUSINESS UNDER PRESENT NAME? _____

WHAT PERCENTAGE OF TRIPS ARE ARRANGED 24 HOURS IN ADVANCE? _____%

HAS ANY INSURANCE COMPANY CANCELLED OR NONRENEWED APPLICANT'S POLICY IN THE LAST THREE
YEARS? _____

IF YES,
EXPLAIN: _____

DOES APPLICANT CROSS STATE LINES? _____

**ANSWER ALL QUESTIONS TO AVOID DELAY IN QUOTING. FOR QUOTE ONLY: SIGNED COMPANY APPLICATION
REQUIRED TO BIND. MUST HAVE FOUR (4) YEARS CURRENTLY VALUED, HARD COPY COMPANY LOSS RUNS AND
CURRENT MVRS FOR ALL DRIVERS TO
QUOTE**

QUOTES ARE BASED ON INFORMATION PROVIDED HERE. IF ANY
DISCREPANCIES EXIST, ADDITIONAL PREMIUM(S) CAN BE IMPOSED OR CANCELLATION MAY RESULT.

****NEW VENTURE LUXURY SEDAN RISKS – PLEASE COMPLETE FOLLOWING SUPPLEMENT.****

NEW VENTURE LUXURY SEDAN SUPPLEMENT

Does the owner/operator have another personal auto and personal auto

Insurance? _____

How are drivers paid? Hourly/Trip/Mileage/Other? _____

Do drivers wear formal Chauffeurs attire? If not, advise. _____

Does you have corporate contracts? If so, with whom? _____

Confirm no personal use. _____

Please print and email to quotes@abiweb.com or fax to 800-980-1960. Thank you!