AMERICAN BUSINESS INSURANCE SERVICES

TAXI CAB 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		☐ dba	☐ Corporation	☐ Partnership	
OWNERS NAME		☐ I OWN THIS BUSINESS NAME	☐ I DO NOT OWN THIS NAME.		
Address		City	State	Zip	
Work phone		Cell	Fax	Email	

REQUESTED POLICY EFFECTIVE DATE _____ ANNUAL POLICY

Years in Business _____ PUC/TA _____

ALL AUTOS MUST BE LISTED AND INSURED **If collision coverage desired put $ Value**

	Cab#	Year	Make / Model	Identification Number	Drivers Name	DOB	License#	Yrs Exp.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Yes
☐ Do you have a vehicle maintenance program.

Yes
☐ Are Driving Records obtained prior to hiring?

Yes
☐ Drivers Covered by W/C

☐ Are all vehicles inspected? By whom: _____

☐ Any Drivers under 25 or over 70?

COVERAGES

ACTUAL COVERAGES MAY DIFFER FROM THIS APPLICATION

Check if Desired		Limits of Liability		
☐	**Bodily Injury & Property Damage Liability**		☐ BI & PD combined ☐ PD only Liability Deductible	TERRITORY of _____ Operating Area
☐	**Personal Injury Protection**			
☐	**Uninsured Motorists**			
☐	**Underinsured Motorists**			
☐	**Collision & Specified Perils**	**Deductible**		
☐	**Collision & Comprehensive**			

NOTES

Operating Territory (City or Cities): _____

REQUIRED INFORMATION

PREMIUM AND LOSS HISTORY AFFIDAVIT

Policy Year					
Prior Insurance Company					
Policy Number					
# of Vehicles					
Annual Premium					
Total CLAIMS Amount ($)					

☐ Loss Runs Attached

CERTIFICATE OF INSURANCE REQUEST

Cancellation Provisions ☐ 10 DAYS ☐ 30 DAYS ☐ CERTIFICATE OF INSURANCE ☐ ADDITIONAL INSURED ☐ LOSS PAYEE

NAME _____ ADDRESS _____ CITY, ST, ZIP _____

NAME _____ ADDRESS _____

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

The undersigned declares that to the best of their knowledge the premiums and loss history above are true. Any person who knowingly and with intent, to defraud any insurance company or other person, files an application for insurance containing any false information or conceals for the purpose of misleading information, commits fraudulent act, which is a crime and jeopardizes coverage's for occurrences that may otherwise be covered.

Applicants Signature **X** _____ Date _____ Agent Signature _____

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