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Taxicab Liability Department

Our Taxicab Liability program targets low to mid sized local cab fleets. The majority of our book is written on a non-admitted basis. We do have the ability to provide admitted paper where required by jurisdiction.

Issuing Carrier: Essex Insurance Company
(Non-Admitted in most states)

LIMITS OF LIABILITY OFFERED Up to \$1,000,000 per accident

MINIMUM POLICY PREMIUM \$5,000

TYPICAL COVERAGE AFFORDED Auto Liability written on Symbol 7 Basis

TARGETED CLASSES

- Small to mid-size taxicab fleets and owner operators with at least 5 years experience
- Well maintained vehicles less than 13 years old
- Experienced and professional drivers
- Documented safety and accident procedures

EXCLUSIONS

- Black Cars, Limousines, Shuttle Buses
- Para Transit Vehicles
- Accounts with 5 year loss ratio of 50% or higher
- States that require No-Fault coverage

UNDERWRITING REQUIREMENTS

- Completed and signed Acord and IUM Supplemental Application
- 5 Years currently valued hard copy loss runs
- Current MVR's for all drivers
- No Broker or Policy Fees allowed to be charged to the Insured
- Requests for limits over \$500,000 CSL must have a minimum of 3 vehicles

Driver Information Continued:

14. Do you hire any drivers under 25?: Yes No Over 65? Yes No
15. Are drivers covered by Workers Compensation? Yes No
16. For all drivers, do you order: MVR's? Yes No Physical Yes No
17. Are drivers paid by: Hour Load % of Gross receipts Other
18. Has any driver listed been convicted of a DWI/DUI of alcohol or drugs, license suspensions for moving violations, felonies, hit and run, eluding an officer, reckless/negligent operations of a vehicle, or of driving while their license suspended or revoked? Yes No
 If yes, describe: _____

Vehicle Information:

19. Complete for each type of vehicle operated:

| Vehicle Type | Numbers & Pieces of equipment Seating Capacity | | Radius of Operations (list # of units in each group) | | | | Company Owned | Long Term Lease | Trip Lease from others (Avg. per mo.) | Actual Earnings Past 12 Months | Estimated Next 12 Months |
|--------------|--|------|--|---------|---------|------|---------------|-----------------|---------------------------------------|--------------------------------|--------------------------|
| | 0-8 | 9-20 | 50 MI. | 200 MI. | 300 MI. | Over | | | | | |
| VAN | | | | | | | | | \$ | \$ | |
| TAXI | | | | | | | | | \$ | \$ | |
| Other | | | | | | | | | \$ | % | |

20. Do your drivers own and operate their own vehicles in your business? Yes No

21. Please schedule all delivery vehicles (attach additional page if necessary):

| | Model Year | Trade Name | Body Style Passenger Capacity | Model Series & Complete VIN Number | Use Class | Garage Location | Largest City Entered |
|---|------------|------------|-------------------------------|------------------------------------|-----------|-----------------|----------------------|
| 1 | | | | Mod# | | | |
| | | | | VIN | | | |
| 2 | | | | Mod# | | | |
| | | | | VIN | | | |
| 3 | | | | Mod# | | | |
| | | | | VIN | | | |
| 4 | | | | Mod# | | | |
| | | | | VIN | | | |
| 5 | | | | Mod# | | | |
| | | | | VIN | | | |
| 6 | | | | Mod# | | | |
| | | | | VIN | | | |
| 7 | | | | Mod# | | | |
| | | | | VIN | | | |

Safety Maintenance:

22. Is there a formal safety program in effect? Yes No
If yes, please give details and/or attach copy of your safety program: _____
23. Please explain your maintenance program (i.e. how often maintenance done and by whom) _____
24. Do you have a written accident reporting procedure? Yes No
If yes, please describe and attach a copy: _____
25. Are periodic reviews of all drivers conducted? Yes No
If yes, how often? _____
Is any action taken against a driver for having a chargeable accident or a poor MVR? Yes No
If yes, please explain: _____
26. Do you have a driver safety incentive program? Yes No
If yes, please describe and attach a copy of program: _____
27. Are any State filing required? Yes No
If yes, please show state(s) and permit number(s): _____

READ AND SIGN BELOW:

I have received this application for accuracy before signing it, As a condition precedent to coverage, I hereby slate that the information contained herein true, accurate and complete and that no material facts have been omitted misrepresented or misstated; I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrence which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bond coverage with any insurer,

Signature

Date

Print Name

Title

**APPLICATIONS MUSTS BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**

