

1-5 Unit Public Auto Quote Sheet

All questions must be fully completed.

| Insured Information | | | | | | | | | |
|--|---------------|-----------------|-------------------|--------------|----------------|--|--|--|--|
| Insured Name including DBA: | | | | | | | | | |
| Mailing Address: | | | City: | State: | | Zip: | | | |
| Garaging Address: | | | City: | | State: | | | | |
| Owner: | | | Phone: | | | ested Eff Date: | | | |
| | Corporation | | ther: | | Treque | osica Eli Daic. | | | |
| Date Business Started: | Jorporation | | of prior insura | nco undor i | this name? | | | | |
| Date Business Starteu. | | Tears | oi prioi irisurai | ice under | illis Haille! | | | | |
| Agent Information | | | | | | | | | |
| Agency: | | | | | | | | | |
| Agent: | | | | <u> </u> | <u> </u> | | | | |
| Phone: | | | Email: | | | | | | |
| T Hone. | | | Lilian. | | | | | | |
| Operation Information: | | | | | | | | | |
| For Hire/Profit Not For H | ire 🗌 Othe | r | | | | | | | |
| Radius of Operations: | | Transport: Int | erstate Inf | trastate | 1 | | | | |
| Are Filings Needed? Yes [| No | Type of | Filing? | | - | | | | |
| Major Metropolitan Areas travel | | | | | | | | | |
| 1 | | | | | | | | | |
| 2 3. | | | | | | | | | |
| | , Inquired or | Employees? | □ Vas □ N | la lf vaa v | ub at 0/ af th | o time? | | | |
| Any personal use of vehicles by | / insured or | Employees? | ☐ Yes ☐ N | io ii yes, v | vhat % of th | e ume? | | | |
| Type of Operation: | | 0 | ¬ • · · • • • | 🗆 - | . 🗆 Б | | | | |
| Limo Charter Bus Pa | • | | | | | • | | | |
| Church Courtesy Van |] Non-Emer | gency Medica | l Transportatio | on ∐ Eme | ergency Amb | oulance | | | |
| Other: | | | | | | | | | |
| | | | | | | | | | |
| Driver Information: (must be d | | | | <u> </u> | | | | | |
| Driver Name: | D | ate of Birth | DL# | State | License | # Years Exp operating | | | |
| | | | | | Type* | similar equip. | | | |
| 1. Owner: | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| | | | | | | | | | |
| 5. | DL C, Operato | ors, Chauffeurs | | | | | | | |
| 5. 6. | DL C, Operato | ors, Chauffeurs | | | | | | | |
| 5. 6. | | ors, Chauffeurs | | | | | | | |
| 5. 6. *License Type: CDL A, CDL B, CD | | | | Details (a | ccidents are | considered at fault unless | | | |
| 5. 6. *License Type: CDL A, CDL B, CD Driver Information Continued: | | | s Owner/Op | | | considered at fault unless a not at fault is provided) | | | |
| 5. 6. *License Type: CDL A, CDL B, CD Driver Information Continued: | | | | | | | | | |
| 5. 6. *License Type: CDL A, CDL B, CD Driver Information Continued: Date of Hire 1. | | | s Owner/Op | | | | | | |
| 5. 6. *License Type: CDL A, CDL B, CD Driver Information Continued: Date of Hire 1. 2. | | | s Owner/Op | | | | | | |
| 5. 6. *License Type: CDL A, CDL B, CD Driver Information Continued: Date of Hire 1. 2. 3. | | | s Owner/Op | | | | | | |
| 5. 6. *License Type: CDL A, CDL B, CD Driver Information Continued: Date of Hire 1. 2. | | | s Owner/Op | | | | | | |



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|---|--|--|---|---|---|------------------------------|---------|---------------|----------------------|--------------------------------|---------------------------|-------------|---|
| Vel | nicle Ir | ntormation | i: (all un | its you own | &/or operate m | ust be schedu | led and | insured | | | | | \A/I===1.1 |
| | Year | r Ma | ke | Model | Body Type* | 17-digit ' | VIN | State Valu | ed Cap e (ir | ating acity ncl. ver) | Len o Stre (inch | f etch | Wheelchair Equipment Installed (Y/N) |
| 1. | | | | | | | | | | | | / | , , |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| *Bo | ody Typ | | assenge School B | er Van L us PPT = | = Limo SL = Private Pas | = Stretch Lim senger Type | no C | B = Cha | arter Bus | PB | = Par | ty Bu | S |
| • | | 11.4 | | | | | | | | | | | |
| | | | | s Experien | | vears? 🗆 \ | res 🗆 | No | If ves | provid | e deta | ile. | |
| | Has insured been cancelled of Eff Date Exp Ca | | arrier | | | Policy# # of | | # of | yes, provid of Am | | | er Involved | |
| | Date | Exp Ca Date | | arrior | Type* | 1 Olicy # | insu | | losses | l l | Paid | | Biller illegived |
| | | | | | 71 | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| *Co | verage | e Type: L | . = Prima | ary Auto Lia | bility P = F | Physical Dama | age | GL = G | eneral Li | ability | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| _ | | Class Qu | estions | : | | | | Yes | No | | Addi | itiona | I Info |
| Spo If ta | axi, | | | | | | | Yes | No | | Addi | tiona | I Info |
| _ | axi, ● Is | there a me | ter insta | illed? | nor tovi onor | ations (Vallou | | Yes | No | | Addi | tiona | il Info |
| _ | exi, ● Is: | there a me applicant a | ter insta | illed? | ner taxi opera | ations (Yellow | , | Yes | No | | Addi | tiona | Il Info |
| _ | exi, Is: | there a me applicant a ab, Checke | ter insta ffiliated r, etc) | illed? with any ot | her taxi opera | ations (Yellow | - | Yes | No | | Addi | tiona | Il Info |
| If ta | exi, Is: Is: Ca | there a me applicant a ab, Checke e you an o | ter insta iffiliated r, etc) wner/op | illed? with any ot | ner taxi opera | ations (Yellow | , | Yes | No | | Addi | tiona | Il Info |
| If ta | exi, Is in Ca Arce all trip | there a me applicant a ab, Checke e you an o os pre-arrar | ter insta iffiliated r, etc) wner/op nged? | illed? with any otl erator? | | | , | Yes | No | | Addi | tiona | Il Info |
| Are If a | exi, Is: Ca Arce all trip | there a me applicant a ab, Checke e you an ov os pre-arrar peration, w | ter insta ffiliated r, etc) wner/op nged? /hat % o | illed? with any otlerator? f time do yo | ner taxi opera ou go to the a us organizati | irport? | , | Yes | No | | Addi | tiona | Il Info |
| Are If a | exi, Is: Ca Arce all trip | there a me applicant a ab, Checke e you an ov os pre-arrar peration, w | ter insta ffiliated r, etc) wner/op nged? /hat % o | illed? with any otlerator? f time do yo | ou go to the a | irport? | _ | Yes | No | | Addi | tiona | Il Info |
| Are If a | exi, Is: Ca Are all trip limo o aycare | there a me applicant a ab, Checke e you an ov os pre-arrar peration, w , are you o | ter insta iffiliated r, etc) wner/op nged? hat % o perated | illed? with any otlerator? f time do yo | ou go to the a | irport? | - | Yes | No | | Addi | tiona | Il Info |
| Are If a If d | exi, Is: Ca Arce all trip limo o aycare | there a me applicant a ab, Checke e you an over peration, we, are you o s and Limitity: | ter insta iffiliated r, etc) wner/op nged? hat % o perated | ulled? with any otherator? If time do you by a religion | ou go to the a | irport? | _ | Yes | No | | Addi | tiona | Il Info |
| Are If a If d | e all trip limo o aycare /erage | there a me applicant a ab, Checke e you an over peration, we are you on a sand Limility: | ter insta iffiliated r, etc) wner/op nged? hat % of perated its: | with any otherator? f time do you by a religion | ou go to the a | irport? | , | Yes | No | | Addi | tiona | Il Info |
| Are If a If d | exi, Is: Ca Are all trip limo o aycare co Liabi nsured derinsu | there a me applicant a ab, Checke e you an over peration, we are you out a sand Limitation. If the are you out a sand Limitation. | ter insta iffiliated r, etc) wner/op nged? hat % of perated its: | ulled? with any otherator? If time do you by a religion | ou go to the a | irport? | | Yes | No | | Addi | tiona | Il Info |
| Are If a If d Cov Aut Union Me | exi, Is Ca Arce all trip limo o aycare /erage to Liabi nsured derinsu dical Pa | there a me applicant a ab, Checke e you an over peration, we are you on a sand Limility: | ter insta iffiliated r, etc) wner/op nged? hat % of perated its: | with any otherator? of time do you by a religion \$ \$ \$ \$ \$ | ou go to the a | irport? | | Yes | No | | Addi | tiona | Il Info |
| Are If a If d Cov Aut Uni Uno Me PIF | e all trip limo o aycare o Liabi nsured derinsu dical Pare | there a me applicant a ab, Checke e you an or as pre-arrar peration, war, are you o s and Limility: I Motorist: ared Motoris ayments: | ter insta iffiliated r, etc) wner/op nged? hat % of perated its: | erator? f time do yo by a religio \$ \$ \$ \$ \$ | ou go to the a | irport? on? | | Yes | No | | Addi | tiona | Il Info |
| Are If a If d Uni Uno Me PIF Hire | exi, Is: Ca Are all trip limo o aycare co Liabi nsured derinsu dical Pa ed Auto | there a me applicant a ab, Checke e you an or or peration, who are you on a sand Limity: I Motorist: ared Motorisayments: | ter insta ffiliated r, etc) wner/op nged? vhat % of perated its: | erator? f time do you by a religion \$ \$ \$ \$ \$ \$ \$ \$ \$ | ou go to the a | on? | | Yes | No | | Addi | tiona | Il Info |
| Are If a If d If d Unit Unit Me PIF Hird No | exi, Is Ca Ca Arce all trip limo o aycare co Liabi nsured derinsu dical Pi ed Auto | there a me applicant a ab, Checke e you an or as pre-arrar peration, who, are you on a sand Limility: I Motorist: | ter insta ffiliated r, etc) wner/op nged? vhat % of perated its: | erator? f time do you by a religion \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | ou go to the a | ost of Hire: | S: | Yes | | icion | | tiona | Il Info |
| Are If a If d | exi, Is Ca Ca Arce all trip limo o aycare co Liabi nsured derinsu dical Pi ed Auto | there a me applicant a ab, Checke e you an or as pre-arrar peration, way, are you o s and Limility: I Motorist: ared Motorist ayments: D Liability: ed Auto Liabamage | ter insta ffiliated r, etc) wner/op nged? vhat % of perated its: | erator? f time do you by a religion \$ \$ \$ \$ \$ \$ \$ \$ \$ | ou go to the abus organizati | ost of Hire: of Employees | | | | ision | Addi | tiona | Il Info |

If you'd like to email this to us you can do so by going to file, send and then choosing mail recipient (as attachment). You will need to use this address: arquotebind@arlingtonroe.com.

Disclaimer

The signatory below is an authorized representative of the proposed insured and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

| Signature | National Producer Number (Required in Florida) |
|--------------------------------|--|
| | |
| | |
| Producer's Signature | Applicant's Signature |
| | |
| Producer's Name (please print) | Date |
| " , ' | |
| Ctata Dradugar Linanaa Number | - |
| State Producer License Number | |