



Insurance Application

(Important: Please download this form before completing and save a copy when done.)

Registered Owner Information (as it appears on vehicle(s) registration)

Individual [ ] Business (e.g. partnership, corporation) [ ]

Registered Owner: \_\_\_\_\_

Registered Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Coverage Selection

Please indicate vehicle type along with jurisdiction of operation and other details, if available:

Vehicle Type: Taxicab Sedan (including non-stretch limousine) NEMT/Paratransit

Coverage State:

Table with 2 columns: District of Columbia, Kentucky

Table with 2 columns: Maryland, Tennessee

Table with 2 columns: Virginia, Missouri

Table with 2 columns: Florida, Minnesota

Table with 2 columns: South Carolina, Mississippi

Table with 2 columns: Ohio, Wisconsin

Table with 2 columns: Texas, Georgia

Other state (write-in): \_\_\_\_\_

Coverage Authority (i.e., county, city, airport, PSC, etc):

Liability Limits Desired (i.e., minimum, 25/50/10, 125 CSL, etc.):

Optional Coverages Desired (i.e., collision, comp., PIP, UM/UIM, GL):

Approximate Vehicle Value (i.e., \$5,000, \$8,000, \$14,000, \$27,000, etc):

Lienholder (Please indicate if you have a vehicle loan.)

Vehicle Information

Vehicle Identification Number (VIN): \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Fleet or Cab Association (if applicable): \_\_\_\_\_ Vehicle Number: \_\_\_\_\_

Tag Number: \_\_\_\_\_

If multiple vehicles, please download and complete a "Vehicle Schedule" and include it with your application



**Driver Information**

Is Driver also Registered Owner?    YES  NO

If YES - please skip to "Date of Birth"...

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Telephone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Taxi License I.D. Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How many years have you been licensed to drive ANY vehicle? \_\_\_\_\_

Have you driven a PUBLIC AUTO (e.g. taxi, limo, or sedan) before?    Yes  No     If Yes, please list below:

	Start Date	End Date	Company	Insurance Company
1				
2				
3				

Please list ALL traffic accidents that you were involved in during the last three (3) years:

	Date	Location	Were you at fault?	Was anyone injured?
1				
2				
3				

*If multiple drivers, please download and complete a "Driver Schedule" and include it with your application*

I understand and agree that no coverage shall be provided under the policy for any occurrence unless the driver involved in the occurrence is named in the policy. Neither American Risk Management, Inc. nor any of its issuing carriers (including Amalgamated Casualty Insurance Company) assume any responsibility for verifying the qualification of any driver named in the policy. I understand that American Risk Management, Inc. is the controlling producer of Amalgamated Casualty Insurance Company.

If the color scheme or insignia of a Taxicab Company or Association is displayed on my vehicle, I hereby authorize the management of the Taxicab Company or Association to bind and cancel coverage; to accept notices; and to make insurance premium payments on my behalf.

I hereby authorize the release of my driving record from any and all previous insurers to American Risk Management, Inc., and any of its issuing carriers (including Amalgamated Casualty Insurance Company). I understand that I may be required to review and indicate in writing the acceptance and/or rejection of additional coverage offerings, which vary from state to state. I further certify that all statements in this application are true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Revised 7/27/2017)