



Pedicab Companies

Commercial General Liability Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ INCLUDED

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

SCHEDULE OF PEDICABS (Attach a separate sheet, if necessary)

ITEM #	DESCRIPTION (INCLUDE YEAR, MANUFACTURER AND SEATING CAPACITY)	SERIAL NUMBER	INTEREST
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased

GENERAL INFORMATION

- 1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No
- 2. Is the applicant is properly licensed or has permits to operate the business, if required by regulation or law? Yes No
- 3. Does the applicant comply with any applicable local, state or federal regulations, laws or ordinances? Yes No
- 4. Are any pedicabs home made or altered? Yes No
If yes, please provide details. _____
- 5. Are pedicabs equipped with proper turn signals and lights, if operating in the evening hours? Yes No
- 6. Are pedicabs equipped with safety belts? Yes No
- 7. Does the applicant have established written operational safety rules? Yes No
If yes, please provide us with a copy.
- 8. Is scheduled maintenance of the pedicabs performed and records maintained? Yes No
- 9. Are patrons allowed to peddle, steer, or stand? Yes No
- 10. Are all drivers 21 years of age with a valid driver's license? Yes No
If no, please provide details, including minimum age allowed. _____
- 11. Are all drivers experienced in the operation of a pedicab? Yes No
If no, is training provided by the applicant? Yes No

If yes, what is the average experience level of all drivers (e.g., 1 year or less, 5 years, over 5 years, etc.) _____
- 12. Are all drivers employed by the applicant? Yes No
If no, please complete the Subcontractors section below.
- 13. Description of Operations:
Please provide a detailed description of where your pedicab services are provided (e.g., ballpark, sports events, street, etc.), including city of where primary operations are performed.

Additional Remarks: _____

SUBCONTRACTORS

If you NEVER hire subcontractors, please check here

(If this box is checked, skip to Prior Carrier History and Loss Information section below)

If you DO hire subcontractors, please complete the section below:

- 1. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? Yes No
If yes, please provide us with a copy and complete questions 2-5 below.
- 2. Total subcontract cost \$ _____
- 3. Are certificates of insurance required from subcontractors? Yes No
- 4. Do your subcontractors carry coverage or limits less than yours? Yes No
If yes, what are the minimum limits you accept? _____
- 5. Are you named as an additional insured on the subcontractors' policy? Yes No

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is 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 occurrences 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 bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison

Producer's Signature

Date

Applicant's Signature

Date