

The LIMO Experts

LIMOUSINE INSURANCE APPLICATION

Attention

Tel (800) 980-1950
Fax (800) 980-1960

APPLICANT INFORMATION

ABI Business Ins. Svc Inc., 32107 W. Lindero Cyn #126 Westlake Village, CA 91361

BUSINESS NAME		<input type="checkbox"/> dba	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
OWNERS NAME	Tax ID # or Social Security #			
Address	City	State	Zip	
Work phone	Cell	FAX		
REQUESTED POLICY EFFECTIVE DATE	<input style="width: 150px;" type="text"/>	ANNUAL POLICY	Years in Business <input style="width: 50px;" type="text"/>	DOT # / PUC # <input style="width: 100px;" type="text"/>

YOU MAY ATTACH A FLEET LIST & DRIVERS LIST IF AVAILABLE.

ALL AUTOS MUST BE LISTED AND INSURED

If collision coverage desired put \$ Value

Year	Make / Model	Identification Number	Stretch (Inches)	# of Passengers	Approx Cost New
1					
2					
3					
4					
5					

Drivers Name	License #	DOB
1		
2		
3		
4		
5		
6		

Yes <input type="checkbox"/> Do you have a vehicle maintenance program.	Yes <input type="checkbox"/> Are Driving Records obtained prior to hiring?	Yes <input type="checkbox"/> Drivers Covered by W/C
Percent of Business From: Weddings: _____ Proms: _____ Corp Accts.: _____ Other: _____ (Explain in Notes Below)		

COVERAGES

ACTUAL COVERAGES MAY DIFFER FROM THIS APPLICATION

Check Coverage <input checked="" type="checkbox"/> Bodily Injury & Property Damage Liability	Limits of Liability Insurance Coverage \$				<input type="checkbox"/> PIP MI, TX ONLY
<input type="checkbox"/> Uninsured Motorists	\$	NOTES			
<input type="checkbox"/> Underinsured Motorists	\$				
<input type="checkbox"/> Collision & Comprehensive	\$1,000 Deductible				

REQUIRED INFORMATION

PREMIUM AND LOSS HISTORY AFFIDAVIT

Policy Year			
Prior Insurance Company			
Policy Number			
Annual Premium			
Total CLAIMS Amount (\$)			

4 Years Loss Record Required For Quote.
 Loss Runs Attached
 Loss Runs Attached
 Loss Runs Attached
 Loss Runs Attached

Loss Runs May Be Obtained From your Prior Insurance Company.

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

Applicants Signature **X**