



Taxi / Limousine / Car Service Supplement

Name of Applicant / Insured: _____

Policy Number: _____

GENERAL INFORMATION

Business established in: _____

Operating name / doing business as: _____

Name of dispatching company / broker: _____

List all licencing authorities (city / municipality / airport etc): _____

Licencing Authority	# of Licenses / Plates / Medallions Held

Operating cities / locations: _____

Operating radius: normal _____ km, maximum _____ km

Do any vehicles operate in the USA? Yes ☐ No ☐

If Yes, provide details: _____

Indicate percentage of passenger transportation from:

Dispatch / Company App / Hailed _____ %, Airport _____ %, Contract _____ %, Private Hire _____ %

Other _____ %, Other _____ %

List all entities you have contracts with to provide passenger transportation services: _____

Are vehicles used for anything other than transporting passengers for hire? Yes ☐ No ☐

If Yes, specify other use: _____

Are all vehicles owned by, and registered to, the applicant / insured? Yes ☐ No ☐

If No, is there a lease or owner operator agreement between the applicant / insured and the vehicle owner? Yes ☐ No ☐

If Yes, provide a copy. _____

VEHICLE INFORMATION

Please complete below, or attach separate vehicle listing with this information

Auto No.	1.	2.	3.	4.	5.
Year					
Make / Model					
Serial Number					
Seating Capacity					
Fuel Type					
Dash Camera	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telematics	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Owner / Lease Operator	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Owner / Lease Operator Name					

What percentage of power units are powered by: Gas / Diesel _____ %, Electric _____ %, Hybrid _____ %, Hydrogen _____ %, Bio Fuel _____ %, Other _____ %

DRIVER INFORMATION

Please complete below, or attach separate driver listing with this information

Auto No. Operated	Driver Name	Driver's License Number	Date of Birth (DD/MM/YY)

The following documentation is required to be submitted: driver abstract (MVR) for all drivers

Drivers can send their abstract directly to Intact at ababstract@intact.net.

SAFETY INFORMATION

Is there a formal safety program in effect? Yes ☐ No ☐

If Yes, describe:

Are formal safety meetings held? Yes ☐ No ☐

If Yes, how often? _____

Is there a written vehicle maintenance program in effect? Yes ☐ No ☐

If Yes, describe:

Is there a formal accident reporting and review process in place? Yes ☐ No ☐

If Yes, describe:

Describe the driver hiring process:

List all training that drivers receive:

Are driver abstracts ordered and reviewed for all drivers prior to hire?

Yes ☐ No ☐

How often are driver abstracts ordered and reviewed after date of hire?

Are there established driver acceptability standards (e.g. years driving experience, driver abstracts and / or accidents)?

Yes ☐ No ☐

If Yes, describe standards:

Is there a disciplinary process in place?

Yes ☐ No ☐

If Yes, describe:

What percentage of vehicles are equipped with dash cameras? _____ %

For vehicles equipped with dash cameras, what percentage are;

- Cameras forward facing only _____ %
- Cameras forward and driver facing _____ %
- Dash camera storage type SD _____ % Cloud _____ %

What percentage of vehicles are connected to a Telematics system? _____ %

- Identify the Telematics provider: _____
- Describe how telematics are utilized: _____

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- Does the telematics system provide driver monitoring reports? _____

Yes ☐ No ☐

If Yes, who is responsible for reviewing the reports and at what frequency?

Signature of Applicant / Insured _____ Date _____

Printed Name & Title _____ Broker / Agent Name _____