

STRATFORD INSURANCE COMPANY

WESTERN WORLD INSURANCE COMPANY

PUBLIC AUTO INSURANCE APPLICATION - TEXAS

A. GENERAL

Applicant's Name: _____ Phone #: _____

Contact Person: _____ Proposed Effective Date: _____

Address: _____ Expiration Date: _____

Garaging Location(s) if different: _____

Is your business? 1. Individual Partnership Corporation Other _____

2. Seasonal Non-Profit Government Funded

Nature Of Business: _____ Years In Business: _____

Years Operating in Your Current Name: _____ Web Site: _____

Have you owned a similar business or had any change in ownership, management or name of your current business during the past 5 years? Yes No

If yes, please explain: _____

Is your business a subsidiary of another entity or does your business have any subsidiaries? Yes No

If yes, provide details: _____

B. COVERAGES REQUESTED (Provide limit where applicable.)

Liability _____ Personal Injury Protection - See Physical Damage – See Section G.

Scheduled Autos _____ Section I. Specified Causes/Collision, or

Hired Autos _____ Uninsured/Underinsured Comprehensive/Collision

Non-Owned Autos _____ Motorists - See Section H. Other _____

Medical Payments _____

C. OPERATIONS

1. Check each of the services you provide:

Taxi Special Occasion Limousine Kid Cab Jeep Tour

School Bus/Van Airport Limousine Employee Van Pool Other _____

Church Bus/Van Executive Limousine Guide/Outfitter _____

Casino Bus/Van Daycare Bus/Van Sightseeing _____

Social Service Agency (Please describe): _____

Shuttle Service (Between what destinations?) _____

2. Do you transport passengers for a fare? Yes No

3. Do you regularly transport elderly passengers? Yes No

4. Do you regularly transport passengers to medical facilities? Yes No

5. Do you regularly transport physically disabled passengers? Yes No

6. Are any vehicles equipped with wheelchair lifts? Yes No

7. What is the average number of hours per day each vehicle is operated? _____ Percent of night driving? _____

8. Is there any personal use of vehicles? Yes No

If yes, please explain: _____

9. Are drivers allowed to take vehicles home when not in use? Yes No

If yes, are there any relatives under 23 years of age residing in the driver's household? Yes No

If yes, please explain: _____

E. PRIOR INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.)

Policy Dates	Insurance Carrier	Policy #	Premium	Average No. of Power Units	*Total Liability Claims		*Total Physical Damage Claims		Cancelled or Non-Renewed? (Reason)
					#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	

*This section should be completed unless you have attached loss runs for all years. Please describe any loss over \$25,000:

Any drivers involved in more than one claim? Yes No Who? _____
 If yes, is that driver currently employed? Yes No

F. VEHICLE INFORMATION (Add additional sheet, if necessary) G. PHYSICAL DAMAGE

	Model Year/Make	Body Type (Van, Limo, Bus, etc.)	Vehicle ID No.	Seating Capacity	Month/Year of Purchase	Cost at Purchase	Amount of Insurance (Must equal present value)	Deductible	*Loss Payee (Y/N)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									

*Please list name and address of loss payee by vehicle: _____

 Identify any vehicles equipped with wheelchair lifts: _____

