



The Taxi Experts

TAXI CAB General Liability

Insurance Application

Attention

Tel (800) 345-7810
Fax (800) 775-7223

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	<input type="checkbox"/> I OWN THIS BUSINESS NAME <input type="checkbox"/> I DO NOT OWN THIS NAME.		
Address	City	State	Zip
Work phone	Cell	FAX	
REQUESTED POLICY EFFECTIVE DATE	Years in Business	# of Vehicles	

Schedule of Hazards

	Address of Property to Insure	Total Square Feet	Description of Use of Property
1			
2			
3			
4			

CERTIFICATE OF INSURANCE REQUEST

Cancellation Provisions 10 DAYS 30 DAYS CERTIFICATE OF INSURANCE ADDITIONAL INSURED LOSS PAYEE

NAME ADDRESS

Excluded Coverages:

- | | | | |
|------------------------|--------------------------|---|-------------------------------|
| 1) Abuse & Molestation | 4) Assault & Battery | 7) Subsidence | 10) Fire Legal |
| 2) Fungi or Bacteria | 5) Contractual Liability | 8) Employee Related Practices. | 11) Medical Payments |
| 3) War or Terrorism | 6) Breach of Contract | 9) Pre-Existing Injury, loss or damage. | 12) Insured includes Drivers. |

Yes <input type="checkbox"/> Do You Repair Vehicles of Others?	Yes <input type="checkbox"/> Do you have any School Contracts?
Yes <input type="checkbox"/> Do You Lease/Rent any Taxi Stands?	Yes <input type="checkbox"/> Do you provide Medical transportation, i.e. gurney's, wheelchair transport etc?

COVERAGES

Please see the policy for a complete description of coverages

	Limits of Liability	
General Aggregate	\$1,000,000	Property Damage Deductible
Each Occurrence	\$1,000,000	<input type="checkbox"/> Terrorism Exclusion Attached.
Products/Completed Operations	Included in General Aggregate	
Personal & Advertising Injury	\$1,000,000	

Company Use Only

Coverage Bound

Check

Effective Date

(Bound When Signed by ABI)

REQUIRED INFORMATION

PREMIUM AND LOSS HISTORY AFFIDAVIT

	Policy Year	2004	2003	2002	2001
Prior Insurance Company					
Policy Number					
Annual Premium					
Total CLAIMS Amount (\$)					
<input type="checkbox"/> Loss Runs Attached					

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

The undersigned declared that to the best of their knowledge the premiums and loss history above are true. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals for the purpose of misleading information, commits fraudulent act, which is a crime and jeopardizes coverage's for occurrences that may otherwise be covered.

Applicants
Signature **X**

Date