



TAXI APPLICATION FOR AUTO LIABILITY QUOTATION

INSURED NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

CONTACT: _____

PHONE: _____

List All Major Cities by Percent:

Estimated Annual Miles Per Vehicle:

City _____

Suburb: _____

Principal Hours of Operation (By %): _____

Years in Business: _____

Any Non-Business Use?: YES NO Describe: _____

Min Limits Required: _____

Min PIP or UM Required: _____

Are Vehicles Leased to Drivers or from Drivers: _____

What Filings or Certificate of Insurance are Required: _____

Effective Date: _____

Date Submitted: _____

EQUIPMENT LIST					
OWNED BY	YEAR & MAKE		NO. PASSENGERS		VIN NO.

		LOSS	HISTORY		
CARRIER	POLICY TERM	NO. LOSSES	TOTAL INCURRED	NET DEDUCTIBLE	AVG. NO. VEHICLES

***EXPLAIN ALL LARGE LOSSES & ATTACH COMPANY LOSS RUN.**

DRIVER ROSTER (ATTACH MVR)

NAME	DOB	LICENSE NO.	DATE OF HIRE

PLEASE ENCLOSE COPY OF EXPIRING POLICY

Signature of Applicant

Date

AGENT: _____ Date: _____



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date