



**Berkshire Hathaway Homestate Companies**  
**Specialty Auto Department**  
**LIMOUSINE/TOWNCAR/TAXI/AIRPORTER TAXI**

Version 02/12/04

Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

1. Are all vehicles to be insured registered in the name of the company? Y N
2. Are all your drivers employees of the company? Y N If no, please explain: \_\_\_\_\_

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3. Are operators allowed to use your vehicles for non-business purposes? Y N
4. Do you have a written policy covering personal use company vehicles? Y N
5. Do you provide transportation to non-ambulatory/handicapped persons? Y N
6. Prior Insurance Carrier, five previous years:  
 (Please disregard if this is a renewal with BHHHC)

Year	Carrier	# of Vehicles	Premium	Losses Paid	Current Reserves \$	Involved in Litigation (Y / N)

7. Approximate annual mileage \_\_\_\_\_

8. Percentage of company income generated by:
- a. \_\_\_ Passengers on a fixed cost per trip basis
  - b. \_\_\_ Passengers on a negotiated basis
  - c. \_\_\_ Passengers on a per mile basis
  - d. \_\_\_ Contracts with other business or government entities

9. Percentage of trips arranged:
- a. \_\_\_ By advance appointment of over 6 hours
  - b. \_\_\_ By advance appointment of less than 1 hour
  - c. \_\_\_ By immediate dispatch

10. Percentage of trips Originating at:
- a. \_\_\_ Airport
  - b. \_\_\_ Auto storage/rental location
  - c. \_\_\_ Events (e.g. weddings, sporting events, concerts)
  - d. \_\_\_ Hotels
  - e. \_\_\_ Residences
  - f. \_\_\_ Restaurants/Nightclubs
  - g. Other: \_\_\_\_\_

10. Percentage of trips Terminating at:
- h. \_\_\_ Airport
  - i. \_\_\_ Auto storage/rental location
  - j. \_\_\_ Events (e.g. weddings, sporting events, concerts)
  - k. \_\_\_ Hotels

- l. \_\_\_\_\_Residences
- m. \_\_\_\_\_Restaurants/Nightclubs
- n. Other:\_\_\_\_\_

11. Average number of passengers transported (in a single trip) in your vehicles:
- a. \_\_\_\_\_Sedans/Private Passenger Types/SUV's
  - b. \_\_\_\_\_Vans
  - c. \_\_\_\_\_Buses
  - d. \_\_\_\_\_Other, Explain\_\_\_\_\_

12. Do your employees ever operate their personally owned vehicles to do work for you? Y N  
 If Yes, Please Explain\_\_\_\_\_

13. Do you ever need to rent or lease (other than long term leases) vehicles in your work? Y N  
 If Yes, Please Explain\_\_\_\_\_

13. Internal Procedures/Practices:

- a) a. Driving records reviewed prior to hiring any driver? Y N
- b) b. Driving records reviewed prior to hiring any employee? Y N
- c) b. Pre-employment drug testing required for all drivers? Y N
- d) c. Random drug testing required for all critical employees/drivers? Y N
- e) d. Written safety program in place? Y N
- f) e. All drivers covered by Work Comp? (L&I in Washington) Y N
- g) f. Company medical plan for drivers? Y N
- h) g. Driver Safety incentive plan in place? Y N
- i) h. Are drivers allowed to take company vehicles home? Y N
- j) i. All drivers properly trained in assisting passengers into and out of the vehicle? Y N
- k) j. Do drivers have the authority to pull a vehicle off of the road in unsafe weather? Y N
- l) k. Are all drivers properly trained in Special Passenger needs during inclement/icy weather? Y N

14. Driver information:

- a. Driver compensation is: Hourly? Per trip? Weekly/monthly? Other?\_\_\_\_\_
- b. Driver compensation is: Above average? Average? Below average?
- c. Do all drivers have separately insured personal/family autos?
- d. Years of related driving experience of your average driver? \_\_\_\_\_
- e. Years of related driving experience required for your newly hired drivers?\_\_\_\_\_
- f. Minimum required age for a new driver?\_\_\_\_\_
- g. Do you currently have drivers age 21 or under? Y N If so, list names & job duties of these employees:\_\_\_\_\_
- h. Number of drivers over 21 but less than 24 years of old. \_\_\_\_\_
- i. How many drivers have been hired in the last 12 months?\_\_\_\_\_

15. Vehicle Information:

- a. Vehicle maintenance program in place? Y N
- b. Vehicles of drivers are all equipped with communication devices (e.g. CB; cell phone; etc) Y N
- c. Are any vehicles equipped with Wheelchair devices? Y N How many?\_\_\_\_\_
- d. Does your fleet include any vehicles that have other special equipment for handicapped or or non-ambulatory clients? Y N
- e. How many vehicles are considered Stretch? \_\_\_\_\_ Please list\_\_\_\_\_

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16. Please complete the following:

Seating Capacity (list # of units in each group)				Radius of Operations (list # of units in each group)			
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0-8	9-20	21-60	Over	50 Mi	200 Mi	300 Mi	Over 300

16. Please list any vehicle, which you consider rare; collectable; antique and/or would cost over \$50,000 to replace.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date