



**Public Transportation Insurance Application**

Applicant's Name \_\_\_\_\_

DBA \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insured :      Individual        Partnership        Corporation        LLC

Years in Business    \_\_\_\_\_      Federal Employee ID # or SSN    \_\_\_\_\_

Nature of Business    \_\_\_\_\_      Airport Exposure %    \_\_\_\_\_

**Coverage Requested**

Auto Liability    \$ \_\_\_\_\_

Uninsured Motorist \$ \_\_\_\_\_

Physical Damage Deductible \$ \_\_\_\_\_ Comprehensive     Specified Perils     Collision

General Liability    \$ \_\_\_\_\_

**Prior Insurance Carrier (3 previous years)**

Year	Prior Insurance Carrier Name	Premium	Losses

**Driver's Information (Please add additional sheet, if necessary)**

Driver's Name	Date of Birth	Driver's License #	Experience	State
1-				
2-				
3-				
4-				
5-				
6-				

**Vehicle Information (Please add additional sheet, if necessary)**

Auto No.	Year	Make	Body Type	Pass Size	Radius of Use	Vehicle ID No.	Current Value
1							
2							
3							
4							
5							
6							