

PEDICAB GENERAL LIABILITY AND INLAND MARINE INSURANCE APPLICATION

Business Name: _____

Applicant is: Individual Corporation Partnership/Joint Venture LLC Other (Specify): _____

Mailing Address: _____

City _____ **State** _____ **ZIP** _____

Garaging Address: _____

City _____ **State** _____ **ZIP** _____

Applicant's Phone: _____ **Applicant's E-mail:** _____

Inspection Contact Name/Phone/Email: _____

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

APPLICANT'S NAME AND TITLE: _____

(Must be signed by an active owner, partner or executive officer)

APPLICANT'S SIGNATURE: _____

DATE: _____

EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Limits Of Liability And Deductible Offered:

General Aggregate (other than Products/Completed Operations)	\$2,000,000
Products & Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury (any one person or organization)	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Premises Rented to You (any one premises)	\$100,000
Medical Expense (any one person)	\$5,000
Deductible	\$1,000 per claimant BI/PD

1. **Years in business:** _____

If new venture, describe prior experience and how long experienced:

2. **Any other operations for which coverage is not being requested?** Yes No

3. **Applicant is properly licensed where required and operates in accordance with applicable laws and ordinances:**

True False

4. Area(s) of operation of pedicabs (city(ies)/state(s)):

5. Applicant's pedicabs are regularly inspected and maintained: True False
6. Are applicant's pedicabs leased to and operated by independent contractors: Yes No
- a) **If Yes** are lease agreements with hold harmless clause in applicant's favor used with all independent contractors? Yes No
- b) **If No**, are applicant's pedicabs operated exclusively by owner(s) and/or employee(s)? Yes No
7. Applicants driver(s) and independent contractors have valid driver's license(s) and are experienced and/or trained by applicant: True False
8. Any subcontracted operations other than operations where applicant's pedicabs are leased to independent contractors? Yes No
9. Do you have a written safety procedure and safety manual in place that is used by all drivers?
 True False
10. Passengers do not pedal: True False
11. Any operation in the states of New York State or Louisiana?: Yes No
12. Do pedicabs display any advertisements other than for applicant's business? Yes No
If Yes, does insured obtain Additional Insured status from advertiser? Yes No
13. Inland marine (aka physical damage & theft) coverage desired? Yes No **If Yes**, list safeguards at Garaging Location: _____
14. Any homemade pedicabs, bicycle trailers, or homemade structural alterations to pedicabs (including but not limited to welded on frame or addition of bench): Yes No
15. Applicant exclusively uses pedal-powered pedicabs (no motors other than Pedal Assist and no vehicles/passenger conveyances operated other than pedicabs): True False

16. Prior insurance carrier information:

	Year: 2020-2021	Year: 2019-2020	Year: 2018-2019	Expiring Premium
Carrier				

17. Loss History: Indicate all general liability and inland marine claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. If any claims, provide currently valued hard copy loss runs Check if no losses last three years

Date of Loss	Description of Loss	Amount

PRODUCER'S SIGNATURE: _____

DATE: _____

Additional Insured Schedule

Name of AI: _____

Address: _____

City _____

State _____ ZIP _____

Relationship to Insured/What is Insured doing for Additional Insured:

Specific Forms Needed

Name of AI: _____

Address: _____

City _____

State _____ ZIP _____

Relationship to Insured/What is Insured doing for Additional Insured:

Specific Forms Needed

Name of AI: _____

Address: _____

City _____

State _____ ZIP _____

Relationship to Insured/What is Insured doing for Additional Insured:

Specific Forms Needed
