

## PEDICAB GENERAL LIABILITY AND INLAND MARINE INSURANCE APPLICATION

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

Applicant's Phone: \_\_\_\_\_

Applicant's E-mail: \_\_\_\_\_

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

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

Web site Address: \_\_\_\_\_

**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:** \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

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

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

### Limits Of Liability And Deductible Available:

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 CLAIM BI/PD

1. Years in business: \_\_\_\_\_

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

\_\_\_\_\_

2. Applicant is properly licensed where required and operates in accordance with applicable laws and ordinances:  True  False



17. Any homemade pedicabs or bicycle trailers:  Yes  No

18. Applicant exclusively uses pedal-powered pedicabs (no motors other than Pedal Assist and no vehicles/passenger conveyances operated other than pedicabs):  True  False

19. All of the pedicabs have the following:

- |                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| Seat Belts         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Battery            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headlight          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reflectors         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Motor/Pedal Assist | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Brake Light        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Horn               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hydraulic Brake    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Turn Signals       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

20. Prior insurance carrier information:

	Year: 2017-2018	Year: 2016-2017	Year: 2015-2016	Expiring Premium
Carrier				

21. 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: \_\_\_\_\_

NAME/PHONE # TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_