

PEDICAB GENERAL LIABILITY AND INLAND MARINE INSURANCE APPLICATION



Applicant Name: _____

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: _____ Email: _____

Requested Effective Date: _____

Area(s) of Operation (cities/states): _____

Inland Marine coverage desired (physical damage & burglary): Yes No

Prior Insurance Carrier Information: None

	Year: 2021-2022	Year: 2020-2021	Year: 2019-2020
Carrier			

Loss History: Check if no losses last three years

Date of Loss	Description of Loss	Amount



PEDICAB UNIT SCHEDULE

#	Make	Model	Year	Serial#	Value	Single Bench	Double Bench	Back-to-back
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ADDITIONAL INSURED SCHEDULE

Name of AI: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Specific Verbiage Needed (if any): _____

Name of AI: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Specific Verbiage Needed (if any): _____

Name of AI: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Specific Verbiage Needed (if any): _____

Name of AI: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Specific Verbiage Needed (if any): _____
