XS BROKERS
INSURANCE AGENCY, INC.
PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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EXCESS AUTOMOBILE LIABILITY APPLICATION

APPLICANT NAME:_____

ADDRESS:_____
STREET

_____
CITY STATE ZIP CODE

PRIMARY CARRIER:_____POLICY #:_____

COVERAGE	LIMITS	PREMIUM
BODILY INJURY: EACH PERSON	_____	_____
EACH OCCURRENCE	_____	_____
PROPERTY DAMAGE: EACH OCCURRENCE	_____	_____
COMBINED SINGLE LIMIT: EACH OCCURRENCE	_____	_____

QUESTIONS:

1. IS APPLICANT IN ASSIGNED RISK PLAN? Y_____ N_____
2. IS APPLICANT A PUBLIC TRUCKMAN? Y_____ N_____
3. DOES APPLICANT HAUL OWN MERCHANDISE EXCLUSIVELY? Y_____ N_____
4. DESCRIBE NATURE OF CARGO HAULED: _____

   _____
5. IS ANY CARGO HAULED EXPLOSIVE, FLAMMABLE OR CAUSTIC? Y_____ N_____

   IF YES, DESCRIBE: _____
6. RADIUS OF OPERATIONS: _____
7. MILEAGE OF LONGEST RUN: _____
8. TOTAL NUMBER OF DRIVERS: _____
9. AVERAGE LENGTH OF SERVICE: _____
10. DO YOU HAVE AN ORGANIZED SAFETY PROGRAM? _____

11. NUMBER OF DRIVERS UNDER 25: _____

12. NUMBER OF DRIVERS OVER 65: _____

13. LIST INDIVIDUAL CLAIMS OVER $10,000: _____

_____

14. NUMBER OF CLAIMS EACH OF LAST 3 YEARS: _____

_____

15. LIVERY VEHICLES ONLY; CHECK CLASSES WHICH APPLY:

TAXI	_____	COURTESY CAR	_____
SCHOOL BUS	_____	PUBLIC	_____
INTER-CITY BUS	_____	INTRA-CITY BUS	_____
LIMOUSINE SERVICE	_____	PRIVATE	_____
CHARTER	_____	NURSERY	_____

16. DESCRIPTION OF VEHICLES:

YEAR	MAKE	SERIAL #	PURPOSE OF USE	LIVERY VEHICLES ONLY PASSENGER CAPACITY

17. MVR'S REQUIRED FOR ALL DRIVERS

18. COPY OF PRIMARY POLICY DUE WITHIN 45 DAYS

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MIS-STATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE COMPANY AND THAT THIS APPLICATION WILL FORM A PART OF THE POLICY.

APPLICATION MUST BE SIGNED BY AN OFFICER OF THE CORPORATION OR THE MUNICIPALITY.

_____ _____

SIGNATURE OF APPLICANT(S) TITLE/POSITION DATE