



# TRU Transportation Risk Underwriters Ltd.

## TAXI/LIMOUSINE RISK SURVEY

<b>Name of Vehicle Owner:</b>	
<b>Address of Vehicle Owner:</b>	

<b>Name of Taxi Plate Owner:</b>	
<b>Address of Taxi Plate Owner:</b>	

<b>Name of Dispatch/Broker:</b>	
<b>Address of Dispatch/Broker:</b>	

<b>Name of Licensing Authority:</b>	
<b>Address of Licensing Authority:</b>	

<b>Name of Current Insurer:</b>			
<b>Policy Number :</b>		<b>Expiry Date:</b>	



# TRU Transportation Risk Underwriters Ltd.

## TAXI/LIMOUSINE RISK SURVEY

Number of years operating as fleet:	
-------------------------------------	--

Licensed for Airport Service:	YES:		NO:	
-------------------------------	------	--	-----	--

Average Radius of Operation:		Percentage (%) of Trips:	
Maximum Radius of Operation:		Percentage (%) of Trips:	

Is there US exposure:	YES:		NO:	
-----------------------	------	--	-----	--

Are there emergency Patient Transfer Units:	YES:		NO:	
---	------	--	-----	--

Maximum Passenger Capacity:	
Number of Para-transit/DAT Units:	
Total Number of Vehicles:	

**VEHICLES**  
**\*\*PROVIDE COMPLETE VEHILCE LIST INCLUDING YEAR, MAKE, MODEL WITH VIN AND INCLUDE ALL LESSORS/LIENHOLDERS\*\***

**DRIVERS**  
**\*\*PROVIDE COMPLETE LIST OF DRIVERS, INCLUDING AGE, LICENCE NUMBERS, NUMBER OF YEARS DRIVING, TAXI/COMMERCIAL EXPERIENCE\*\***  
**\*\*\*ATTACH CURRENT COPY OF MVR, AUTOPLUS AND PERSONAL INSURANCE INFORMATION\*\*\***

Are all drivers covered under WSIB:	YES:		NO:	
-------------------------------------	------	--	-----	--



COVERAGE		
Third Party Liability Limit:		
Accident Benefits:		<i>As required by law</i>
Split Limit (6c):	Road Hazard:	
	Passenger Hazard:	
DCPD Deductible:		
Collision Deductible:		
Comprehensive Deductible:		
Specified Perils Deductible:		
All Perils Deductible:		
ENDORSEMENTS		
#5:		
#6a:		
#6c:		
#8:	Deductible:	
#20:	Limit:	
#21B:	Pro Rata:	
#38:	Limit:	



***The applicant hereby declares and confirms that all the statements made in this application for insurance, including all attaching schedules, supporting documentation and data are true and that no material fact has been misrepresented or withheld. The applicant further agrees that any future policy will be based solely on completeness of information and any material change in risk will be duly reported to the TRU Transportation Risk Underwriters Ltd. The applicant also agrees to comply with any restrictions and warranties placed on any ensuing policy, including adherence to all terms and conditions specified therein.***

Name-Printed:	
Signature:	
Title:	
Brokerage:	