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Pedicab Companies

Commercial General Liability Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ INCLUDED _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

SCHEDULE OF PEDICABS (Attach a separate sheet, if necessary)

ITEM #	DESCRIPTION (INCLUDE YEAR, MANUFACTURER AND SEATING CAPACITY)	SERIAL NUMBER	INTEREST
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
			<input type="checkbox"/> Owned <input type="checkbox"/> Leased

GENERAL INFORMATION

- 1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No
- 2. Is the applicant is properly licensed or has permits to operate the business, if required by regulation or law? Yes No
- 3. Does the applicant comply with any applicable local, state or federal regulations, laws or ordinances? Yes No
- 4. Are any pedicabs home made or altered? Yes No
If yes, please provide details. _____
- 5. Are pedicabs equipped with proper turn signals and lights, if operating in the evening hours? Yes No
- 6. Are pedicabs equipped with safety belts? Yes No
- 7. Does the applicant have established written operational safety rules? Yes No
If yes, please provide us with a copy.
- 8. Is scheduled maintenance of the pedicabs performed and records maintained? Yes No
- 9. Are patrons allowed to peddle, steer, or stand? Yes No
- 10. Are all drivers 21 years of age with a valid driver's license? Yes No
If no, please provide details, including minimum age allowed. _____
- 11. Are all drivers experienced in the operation of a pedicab? Yes No
If no, is training provided by the applicant? Yes No

If yes, what is the average experience level of all drivers (e.g., 1 year or less, 5 years, over 5 years, etc.) _____
- 12. Are all drivers employed by the applicant? Yes No
If no, please complete the Subcontractors section below.
- 13. Description of Operations:
Please provide a detailed description of where your pedicab services are provided (e.g., ballpark, sports events, street, etc.), including city of where primary operations are performed.

Additional Remarks: _____

SUBCONTRACTORS

If you NEVER hire subcontractors, please check here

(If this box is checked, skip to Prior Carrier History and Loss Information section below)

If you DO hire subcontractors, please complete the section below:

- 1. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? Yes No
If yes, please provide us with a copy and complete questions 2-5 below.
- 2. Total subcontract cost \$ _____
- 3. Are certificates of insurance required from subcontractors? Yes No
- 4. Do your subcontractors carry coverage or limits less than yours? Yes No
If yes, what are the minimum limits you accept? _____
- 5. Are you named as an additional insured on the subcontractors' policy? Yes No

