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Fiduciary Insurance Company of America

• **DRIVER APPLICATION**

DATE:

NAMED INSURED:

ADDRESS:

PRODUCER:

POLICY NO.: MED# PLATE #

RISK CLASSIFICATION

- CHECK ONE CLASS APPLICABLE TO RISK
- Owner and Another
 - Single Shift owner driver
 - Fleet - Non Leased
 - Fleet - Leased AGENT CODE (_____)
 - DOV - with contract

CHAUFFEUR'S NAME:

- ADDRESS ZIP CODE :
- TELEPHONE NO.
- N.Y.S LICENSE NO. NO. YEARS DRIVING
- HACK LICENSE NO. (must be valid within the last 12mths)
- DATE OF BIRTH

NEXT OF KIN : IF ANY FILL IN BELOW IF NONE CHECK ()

- NAME :
- ADDRESS
- TELEPHONE NO.:

STATEMENT OF NAMED INSURED: SINCE THIS IS NOT AN OWNER-DRIVER CLASSIFICATION, THE NAMED INSURED WARRANTS THAT A POLICY PROVIDING WORKERS' COMPENSATION FOR THE CHAUFFEUR DESCRIBED ABOVE IS IN FULL FORCE AND EFFECT.

NAME OF WORKERS' COMPENSATION INSURANCE COMPANY

POLICY # EXPIRATION DATE

IF WORKERS' COMPENSATION IS NOT IN FORCE, STATE REASON

X _____
 Signature of named insured or officer of corporation

FRAUD REGULATION:

ANY PERSON WHO KNOWINGLY, AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY FILES AN APPLICATION CONTAINING ANY MATERIAL OF FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT WHICH IS A CRIME.

X _____
 Chauffeur's signature Date

Note:



This form is required for each driver on the policy along with copies of drivers hack license, MVR and NY drivers license

Driver/ Owner affidavit

I understand that my Insurance and Premium is based on the following information, and in order to maintain my policy status in good condition, I need to comply with the following rules at all times of coverage . I agree that all drivers are subject to approval by my insurance carrier before driving my medallion / vehicle . I

owner of med #
hereby give consent for driver / drivers
1. hack license #
2. hack license #
3. hack license #
to be added to my policy with my consent and the approval of my insurance carrier.

I understand that operating my vehicle with drivers not reported to my insurance carrier can result in immediate cancellation of coverage due to concealment of information or may be subject to a higher classification of premium.

Medallion owner:

I also agree that at all times I must maintain Workers Compensation for my drivers

Workers Compensation information mandatory :

POLICY NUMBER	
CARRIER	
EFFECTIVE DATE	
EXPIRATION DATE	

Workers Compensation if RADIO BASE carries any

RADIO BASE
CARRIER
ADDRESS
CITY STATE ZIP CODE
BASE LICENSE #
BASE WORKERS COMPENSATION POLICY

Insured Signature	Producer Signature

Notary public

_____.

Sworn to before me on this day of _____