

Application and Survey For Public Automobile Liability and Physical Damage Insurance

Frank L. Caponi



Cavallino Risk Management,
Inc

675 W Jericho Tpke
Huntington, NY 11743

631-385-5980 (P)

631-385-5984 (F)

9/15/2016

Please attach copies of the following if available:

- Maintenance Program
- Safety Program
- Driver list
- Vehicle Schedule
- Currently valued loss runs
- IFTA reports
- Registrations

Application

Name (Include DBA)					
Business Address:					
		Street/City	County	State	Zip
Telephone:		Fax:		Email:	
FEIN#		DOT#		MC#	

Provide the following information for all officers, partners, directors and stockholders of Named Insured:

Name	Position/ Function	Full Time/ Part-Time	No. of Years	Years of Experience	Pct. (%) of Ownership

List below **estimated** mileage, gross receipt, payroll and average number of revenue-producing units for the **PROPOSED** and **CURRENT** policy year. List **actual** mileage, gross receipts, payroll and average number of revenue-producing units for the **four (4) previous** policy periods.

Policy Period	Year	Annual Mileage	Gross Receipts	Payroll	Units
Proposed Policy Period	2016-2017				
Current Policy Period	2015-2016				
Previous Policy Year	2014-2015				
Previous Policy Year	2013-2014				
Previous Policy Year	2012-2013				
Previous Policy Year	2011-2012				

List the top 5 destinations your vehicle(s) most frequently visit and the percentage of overall mileage attributed to each location made in the last 12 months (should total 100%)

	%		%
	%		%
	%	TOTAL	100%

[Type text]

DRIVER INFORMATION SCHEDULE

Name as it Appears On Driver's License	Address	State	Date of Birth	Drivers License No	Date of Hire	Years Passenger Transportation Driving Exp	FT/ PT
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Application
