

# FACILITY ASSOCIATION

## TAXI / LIMOUSINE QUESTIONNAIRE

A SEPARATE FORM MUST BE COMPLETED FOR EACH VEHICLE  
 A REPLACEMENT FORM IS TO BE FILED IF ANY OF THE FOLLOWING DATA IS CHANGED DURING THE POLICY TERM.

NAME AND ADDRESS OF VEHICLE OWNER	NAME OF INSURER	BROKER AGENT
	BINDER NO. POLICY NO.	

1. VEHICLE DESCRIPTION (MAKE/MODEL)	2. SERIAL NUMBER (V.I.N.)
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3. VEHICLE LICENCE PLATE (a) Prov. or Terr.	(b) Number	4. NAME / ADDRESS OF TAXI LICENSING AUTHORITY	5. IF LICENSING AUTHORITY ISSUES A TAXI NUMBER PLATE, SHOW IT HERE
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6. NAME AND ADDRESS OF TAXI PLATE OF OWNER IF DIFFERENT THAN REGISTERED VEHICLE OWNER	7. NAME AND ADDRESS OF LESSEE(S) OF THIS VEHICLE (a)  (b) Basis Of Lease (i.e. Annual/monthly/weekly/per shift)
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8. NAME AND ADDRESS OF DISPATCHER/BROKER	9. DRIVER INFORMATION (a) Name and Address  (b) Driver's Licence Number  (c) Number of years Licensed
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10. NUMBER OF YEARS YOU HAVE OWNED THIS VEHICLE (or one for which it was directly substituted without a break in time)

11. IF THE VEHICLE IS A LIMOUSINE

(a) Is it licensed for airport service? (b) If yes, which airport(s)?

(c) If not licensed for airport service, state use (i.e. Contract, private hire) (d) Radius of operation?

(e) Original value of vehicle. (f) Vehicle value after modifications

**12. THIS SECTION MUST BE COMPLETED AS REGARDS ALL INSURERS OF THE APPLICANT FOR THE LAST THREE YEARS**

Names of previous Insurers	Policy No.	Policy Expired on	Names of previous Insurers	Policy No.	Policy Expired on

13. IS VEHICLE USED FOR OTHER THAN TAXI OR LIMOUSINE SERVICE?  YES  NO

IF YES, SPECIFY TYPE OF SERVICE

14. COMMENTS: