



Transportation Endorsement Request
(Public Auto or Special Types)

Insured Name:

Desired Effective Date of Endorsement:

Action: Add Delete Quote

(Note: Plates will need to be transferred or turned in on any request to delete if they have filings)

Applicable Policy/Policy Number

Auto Liability

Physical Damage

Unit Information: Year:

Make:

Model:

VIN:

Body Type:

Actual Cash Value (if requesting physical damage):

Seating Capacity (Including Driver)

1. Garaging Address:

(Type "Same" if the garaging location is the same as the garaging address for all other units and all units are garaged at the same location.)

2. In which state is this unit tagged?

3. What type of tag will the unit have? For Hire Taxi Private
 Other, please describe.

4. Radius: 0-50 Miles 51-200 Miles
 200+ Miles If over 200+ Miles, list the furthest state(s) of travel:

5. How is the unit being used?

Limousine Taxi Airport Limo/Bus
 Church Bus School Bus Rental Vehicle
 Other, please describe:

6. Is this unit:

Owned by the insured
 Leased longer than six months from a leasing company
 Owned by an owner-operator Name: Address:
 Short term rental

7. Loss Payee
 Additional Insured Lessor
 Designated Insured

8. Describe any driver changes below: (For additions, provide name, date of birth, driver license number and state.)

9. Describe any other changes below: