

PEDICAB AND / OR BIKE CABS  
AND / OR RICKSHAWS  
CLAIMS MADE LIABILITY APPLICATION

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AGENCY: LESTER KALMANSON AGENCY , INC. / MAITLAND, FL U.S.A.  
PH. 407-645-5000 / FAX : 407-645-2810

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IMPORTANT: "THIS IS NOT A BINDER"

=====

1) PROPOSED EFFECTIVE DATE: \_\_\_\_\_

=====

2) TERM OF COVERAGE REQUEST: \_\_\_\_\_

=====

3) NAMED OF INSURED : \_\_\_\_\_

=====

4) DOING BUSINESS AS : \_\_\_\_\_

=====

5) MAILING ADDRESS : \_\_\_\_\_

=====

6) A) PHONE: \_\_\_\_\_ B) FAX: \_\_\_\_\_

C) CELL: \_\_\_\_\_ D) E-MAIL : \_\_\_\_\_

E) WEBSITE : \_\_\_\_\_

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7) ( ) INDIVIDUAL ( ) CORPORATION ( ) PARTNERSHIP ( ) OTHER:

=====

8) REQUESTED LIMITS OF LIABILITY :

- (PER OCC. / AGG.)
- A) \_\_\_ \$ 100,000
  - B) \_\_\_ \$ 300,000
  - C) \_\_\_ \$500,000
  - D) \_\_\_ \$1,000,000
  - E) \_\_\_ OTHER
- =====

9) PROPOSED DEDUCTIBLE : A) \_\_\_ \$ 5,000

( PER CLAIM B.I. / P. D. , INCL L.A.E.) B) \_\_\_ \$ 7,500  
C) \_\_\_ OTHER

=====

10) A- PHYSICAL LOCATION (S) ( CITY , COUNTY, STATE ) WHERE UNIT(S)  
WILL BE OPERATED : ( IE. DESIGNATED PREMISES)

\_\_\_\_\_  
B- PHYSICAL LOCATION WHERE UNIT( S ) ARE GARAGED / STORED.  
( FOR INSPECTION PURPOSES )

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11) MAXIMUM NUMBER OF:    A) PEDICABS \_\_\_\_\_ USED AT ANY ONE TIME

B) BIKE CABS \_\_\_\_\_ USED AT ANY ONE TIME

C) RICKSHAWS \_\_\_\_\_ USED AT ANY ONE TIME

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12) PRIOR CARRIER INFORMATION (LAST THREE YEARS )

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COMPANY- POLICY # - POLICY PERIOD- LIMITS – PREMIUM (S) – DED'T

=====

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

=====

13) LIST SAFETY EQUIPMENT WITH WHICH YOUR UNIT(S) / ARE  
EQUIPPED WITH :

=====

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

14)LOSSES IN THE PAST THREE YEARS: ( ) CHECK IF NONE

=====

DATE OF LOSS – DESCRIPTION	AMT PAID -	AMT RESERVED
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=====

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

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15) HAS ANY PRIOR COVERAGE BEEN CANCELLED & / OR NON- RENEWED ?  
(    ) YES OR (    ) NO

( IF YES) EXPLAIN: \_\_\_\_\_

=====

16) ADDITIONAL INSURED (S) TO BE INCLUDED : ( ) YES OR ( ) NO  
( PLEASE PROVIDE NAME, ADDRESS, PHONE, FAX. & RELATIONSHIP)  
IF YES EXPLAIN: \_\_\_\_\_

(SUBJECT TO ADDITIONAL PREMIUM CHARGE)

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17) IS PREMISES LIABILITY REQUIRED FOR ANY STORAGE / GARAGE  
FACILITY(S): ( ) YES OR ( ) NO

IF YES, EXPLAIN.

=====

18) CERTIFICATE (S) OF INSURANCE REQUESTED ( ) YES OR ( ) NO  
(PROVIDE NAME, ADDRESS, PHONE , FAX. ETC. OF CERTIFICATE  
HOLDER )

IF YES EXPLAIN: \_\_\_\_\_

=====

19) ARE INDEPENDENT CONTACTORS USED : ( ) YES OR ( ) NO  
IF YES EXPLAIN: \_\_\_\_\_

( ATTACHED COPY OF LEASE AGREEMENT / WRITTEN AGREEMENT (S).)

=====

20) ARE UNITS OWNER OPERATED ? \_\_\_\_ YES OR \_\_\_\_ NO

OR

B) INDEPENDENT CONTRACTOR OPERATED ? \_\_\_\_ YES OR \_\_\_\_ NO

IF YES EXPLAIN: \_\_\_\_\_

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21) IF INDEPENDENT CONTRACTORS ARE USED PROVIDE  
A COPY OF INDEPENDENT CONTRACT / AGREEMENT USED .

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22) NOTE : LIABILITY IS LIMITED TO SCHEDULED UNIT(S) ONLY.

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23) NUMBER OF CAB(S)/ UNIT(S) TO BE SCHEDULE: \_\_\_\_\_

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MAKE	MODEL	SERIAL NUMBER	YEAR
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=====

A) \_\_\_\_\_

=====

B) \_\_\_\_\_

=====

C) \_\_\_\_\_

=====

D) \_\_\_\_\_

=====

E) \_\_\_\_\_

=====

F) \_\_\_\_\_

=====

G) \_\_\_\_\_

=====

H) \_\_\_\_\_

=====

I) \_\_\_\_\_

=====

J) \_\_\_\_\_

=====

(USE SEPARATE SHEET SCHEDULED ACCORDINGLY)

=====

24) INCLUDE A COPY OF ANY BROCHURES & / OR WAIVERS USED

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25) INCLUDE PICTURES OF ALL SCHEDULED UNIT(S)

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26) WARRANT: NO HOMEMADE UNIT (S) UNLESS FULL DETAILS ARE

PROVIDED AND UNDERWRITING ACCEPTS.

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27) REMARK(S):

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD,  
OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN  
APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING  
INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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SIGNED AND DATED BY:

---

\_\_\_\_\_ X \_\_\_\_\_  
DATE SIGNATURE-NAMED INSURED

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I HEREBY UNDERSTAND THAT ANY MISSTATEMENT OF WARRANTY OF FACT  
ON THIS APPLICATION SHALL BE CONSIDERED A VIOLATION OF  
COVERAGE(S) AFFORDED UNDER ANY POLICY ISSUED ON THE BASIS OF  
THIS APPLICATION. (THIS APPLICATION WILL BECOME PART OF ANY POLICY  
ISSUED AS A RESULT OF ITS SUBMISSION.

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AGENCY: LESTER KALMANSON AGENCY , INC.  
POST OFFICE BOX 940008  
MAITLAND, FLORIDA 32794-0008 U.S.A.  
PH: 407-645-5000 FAX: 407-645-2810

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P E D I - C A B / B I K E - C A B  
R I C K S H A W W A R R A N T  
E N D O R S E M E N T  
C L A I M S - M A D E L I A B I L I T Y

=====

THIS ENDORSEMENT RESTRICTS YOUR POLICY. PLEASE READ IT CAREFULLY.

=====

ASSURED TO:

AGENCY : LESTER KALMANSON AGENCY INC. / MAITLAND, FL

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IT IS WARRANTED BY THE NAMED INSURED, AND AS A CONDITION PRECEDENT TO LIABILITY COVERAGE(S) AFFORDED THAT:

- A) ALL INSURED / SCHEDULED UNIT(S) WILL BE IN PROPER WORKING ORDER AND REPAIR AT ALL TIMES WHEN USED OT CARRY ANY / ALL PASSENGERS FOR CONSIDERATION OR NOT.
- B) ALL INSURED / SCHEDULED UNIT(S) WILL BE EQUIPPED WITH REFLECTORS &/OR LIGHTS IF APPLICABLE.
- C) ALL INSURED / SCHEDULED UNIT(S) WITH INSTALLED BRAKES WILL BE IN PROPER WORKING ORDER AND INSPECTED REGULARLY.
- D) DRIVER / OPERATOR(S) MUST BE MINIMUM AGE OF TWENTY ONE (21) WITH A CURRENT / VALID DRIVER'S LICENSE / ISSUED IN THE CONTINENTAL U.S.A. WITH A CLEAN MOTOR VEHICLE RECORD.
- E) ALL NAMED INSURED(S) WHO UTILIZE INDEPENDENT CONTRACTORS WILL MAINTAIN A SEPARATE CONTRACT FOR EACH. (THESE RECORDS WILL BE MAINTAINED AND AVAILABLE FOR UNDERWRITERS).
- F) LIABILITY COVERAGE IS AFFORDED FOR COMMERCIAL / MANUFACTURED UNITS ONLY.
- G) WORKER'S COMPENSATION / EMPLOYER'S LIABILITY COVERAGE IS SPECIFICALLY EXCLUDED FROM THIS POLICY FOR ANY INJURY TO ANY EMPLOYEE(S) & / OR INDEPENDENT CONTRACTOR(S) & / OR VOLUNTEER(S).

=====

A C C E P T E D A N D S I G N E D B Y :

\_\_\_\_\_  
THE NAMED INSURED UNDERSTANDS AND AGREES TO THE ABOVE CONDITIONS OF THE POLICY AND ACCEPTS THE RESTRICTIONS OF THIS POLICY AS NOTED / STATED ABOVE BY AFFIXING MY (OUR) SIGNATURE AS FOLLOWS:

\_\_\_\_\_ X \_\_\_\_\_  
DATE NAMED INSURED  
\_\_\_\_\_  
(NOTE: ALL NAMED INSURED(S) MUST ACCEPT AND SIGN THIS ENDORSEMENT)

=====

SCHEDULE OF UNIT(S)  
ENDORSEMENT

-----  
THIS ENDORSEMENT RESTRICTS YOUR POLICY. PLEASE READ IT CAREFULLY.  
-----

ASSURED TO:

AGENCY : LESTER KALMANSON AGENCY INC. / MAITLAND, FL  
-----

(SCHEDULE OF COVERED UNITS TO BE INCLUDED ON THE POLICY FOR LIABILITY  
PURPOSES ONLY)  
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NAME	MODEL	SERIAL NUMBER	YEAR
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			

-----  
TOTAL NUMBER OF UNIT(S) SCHEDULED PER THIS ENDORSEMENT: \_\_\_\_\_  
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( NOTE: LIABILITY COVERAGE IS ONLY AFFORDED FOR SCHEDULED UNITS )  
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\_\_\_\_\_  
DATE X \_\_\_\_\_  
NAMED INSURED

G E N E R A L   P U R P O S E  
E N D O R S M E N T

ASSURED TO:

AGENCY : LESTER KALMANSON AGENCY INC. / MAITLAND, FL

SCHEDULE OF INDEPENDENT CONTRACTORS / DRIVERS

NAME	EFFECTIVE DATE	DRIVERS LICENSE #
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

DATE ISSUED

X \_\_\_\_\_  
ASSURED'S SIGNATURE



BRIEF EXPLANATION OF CLAIMS-MADE LIABILITY INSURANCE  
POLICY FORM

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THIS FORM IS A MANUSCRIPT POLICY FORM AND HAS VARIOUS POLICY  
RESTRICTIONS.

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- A) CLAIMS-MADE LIABILITY POLICY: COVERS BODILY INJURY &/OR PROPERTY DAMAGE WHICH OCCURS ON OR AFTER THE RETROACTIVE DATE, AND FOR WHICH A CLAIM IS FIRST MADE DURING THE POLICY PERIOD. CLAIMS UNDER THIS POLICY MUST BE SUBMITTED BY THE INSURED TO THE CARRIER (C/O LESTER KALMANSON AGENCY) DURING THE POLICY PERIOD (AS OUTLINED WITHIN THE LOSS NOTIFICATION CLAUSE WITHIN THE POLICY)  
IN ORDER FOR COVERAGE TO APPLY.
- 
- B) RETRO-ACTIVE DATE: A DATE STATED IN THE DECLARATION OF A CLAIMS-MADE LIABILITY COVERAGE FORM WHICH IS NORMALLY THE SAME DATE AS THE DATE OF THE ISSUING COMPANY'S FIRST CLAIMS-MADE POLICY FOR THE INSURED. NO COVERAGE IS PROVIDED UNDER THE CLAIMS-MADE FORM FOR BODILY INJURY &/OR PROPERTY DAMAGE THAT OCCURS PRIOR TO THE RETROACTIVE DATE.
- 
- C) PRIOR ACTS: THIS PROVISION IN A CLAIMS-MADE POLICY EXCLUDES COVERAGE FOR ANY CLAIMS MADE DURING THE POLICY PERIOD THAT ARISE FROM AN OCCURRENCE PRIOR TO THE INCEPTION OR RETRO-ACTIVE DATE LISTED ON THE POLICY.
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- D) COVERAGE TRIGGER: THIS CLAIMS-MADE LIABILITY FORM APPLIES ONLY TO A BODILY INJURY &/OR PROPERTY DAMAGE FOR SCHEDULED OPERATION(S) &/OR ACTIVITY(S) ONLY FOR WHICH THE CLAIMS &/OR INCIDENT HAS BEEN RECEIVED BY THE UNDERWRITERS (C/O LESTER KALMANSON AGENCY) DURING THE STATED POLICY PERIOD.
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- E) EXTENDED REPORTING PERIOD AKA: TAIL COVERAGE: A PERIOD OF TIME PROVIDED BY THE CLAIMS-MADE LIABILITY INSURANCE POLICY DURING WHICH COVERAGE WILL BE PROVIDED FOR SCHEDULED ACTIVITY(S) &/OR OPERATION(S) ONLY. CLAIMS MADE BEYOND THE EXPIRATION DATE OF THE POLICY IF THE COVERAGE PART IS:
- 1) CANCELED OR NOT RENEWED OR
  - 2) IF THE INSURER RENEWS OR REPLACES THE COVERAGE PART WITH INSURANCE THAT HAS A RETROACTIVE DATE LATER THAN THE DATE SHOWN IN THE DECLARATIONS, OR WITH AN OCCURRENCE FORM.

NOTE(S):

- 1) THE EXTENDED REPORTING PERIOD WILL BE SUBJECT TO AN ADDITIONAL PREMIUM CHARGE.
- 2) THIS ENDORSEMENT ONLY EXTENDS THE TIME OF REPORTING CLAIMS WHICH OCCURRED DURING THE ORIGINAL STATED POLICY PERIOD.

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REFER TO POLICY FOR ACTUAL PRICING, TERMS AND CONDITIONS

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IF YOU HAVE ANY OTHER QUESTIONS FEEL FREE TO CALL THE OFFICE.

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LESTER KALMANSON AGENCY, INC.

P.O. BOX 940008

MAITLAND, FLORIDA 32794-0008 U.S.A.

PH: 407-645-5000 FAX: 407-645-2810

WEBSITE: [www.lkalmanson.com](http://www.lkalmanson.com)

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