



Insurance Application: Sedan (Maryland)

(Important: Please download this form before completing)

Registered Owner Information (as it appears on vehicle(s) registration)

Individual Business (e.g. partnership, corporation)

Registered Owner: _____

Registered Address: _____ City: _____ State: ____ Zip: _____

Primary Contact Information

Last Name: _____ First Name: _____ Middle Initial: _____

Phone 1: _____ Phone 2: _____ Fax: _____ Email: _____

Insurance Coverage Information

Operating jurisdiction:

Desired limits for liability coverage:

(Note: Expressed in \$000s. Bodily Injury Liability Per Person / Bodily Injury Liability Per Occurrence / Physical Damage Liability Per Occurrence)

In addition to liability coverage – **we provide physical damage (collision and comprehensive) coverage for certain vehicles.** Please indicate here if you have an interest in learning more about this product. **Yes, I am interested:**

Vehicle Information

Vehicle Identification Number (VIN): _____

Year: _____ Make: _____ Model: _____

Fleet or Cab Association (if applicable): _____ Vehicle Number: _____

Tag Number: _____ Estimated vehicle value: _____

If multiple vehicles, please download and complete a "Vehicle Schedule" and include it with your application

Continue to Next Page



Driver Information

Is Driver also Registered Owner? YES NO

If YES - please skip to "Date of Birth"...

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____ Fax: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Emergency Contact Name: _____ Emergency Contact Telephone: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Professional Driver License I.D. Number: _____ Expiration Date: _____

How many years have you been licensed to drive ANY vehicle? _____

Have you driven a PUBLIC AUTO (e.g. taxi, limo, or sedan) before? Yes No If Yes, please list below:

	Start Date	End Date	Company	Insurance Company
1				
2				
3				

Please list ALL traffic accidents that you were involved in during the last three (3) years:

	Date	Location	Were you at fault?	Was anyone injured?
1				
2				
3				

If multiple drivers, please download and complete a "Driver Schedule" and include it with your application

I understand and agree that no coverage shall be provided under the policy for any occurrence unless the driver involved in the occurrence is named in the policy. Neither American Risk Management, Inc. nor any of its issuing carries (including Amalgamated Casualty Insurance Company) assume any responsibility for verifying the qualification of any driver named in the policy. I understand and agree that no coverage will be provided for Personal Injury Protection ("PIP"), Uninsured Motorist ("UM"), Comprehensive or Collision coverage. I understand that American Risk Management, Inc. is the controlling producer of Amalgamated Casualty Insurance Company.

If the color scheme or insignia of a Taxicab, Limousine, or Sedan Company or Association is displayed on my vehicle, I hereby authorize the management of the Taxicab, Limousine, or Sedan Company or Association to bind and cancel coverage; to accept notices; and to make insurance premium payments on my behalf.

I hereby authorize the release of my driving record from any and all previous insurers to American Risk Management, Inc., and any of its issuing carriers (including Amalgamated Casualty Insurance Company). I hereby certify that all vehicles to be insured under the policy applied for shall be designed to carry seven or fewer individuals, including the driver. I further certify that all statements in this application are true and correct.

Date: _____ Signature: _____