



General Company Information

Name of Corporation: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Toll Free: _____

Fax: _____ Website: _____

Email: _____

Federal Tax ID#: _____ US DOT# _____ MC# _____

Primary Contact: _____ Title: _____

Email: _____ Direct Line: _____

Secondary Contact: _____ Title: _____

Email: _____ Direct Line: _____

Driver Information

On average, how many drivers do you have? _____

Do you sub-contract drivers or are they employees? _____

How do you communicate with your drivers? _____

What is the dress code for drivers? _____

Do you provide your drivers with GPS, or are they in the vehicles? _____

Do you perform random drug testing or back round checks? _____

How do your drivers monitor/track flight information? _____

Are any of your chauffeurs under the age of 25? _____

Are your chauffeurs required to attend training courses? _____

If so, what kind of training? _____

How do you communicate with your drivers? _____

Company Policies

What is your service area? _____

Which cities/airports do you serve? _____

How long has your company been established? _____

Do you charge for tolls? _____ Parking? _____

Any other applicable fees? _____

How do you charge for wait time? _____

Do your drivers arrive 15 minutes early? _____

Do you perform a pre-employment screening on your employees? _____

Are there complimentary beverages offered in your vehicles? _____

If so, what kind? _____

How much insurance do you carry on each vehicle? _____

How long will billing take after each ride? _____

What types of software do you use for your reservations and billing? _____

Do you have a gas surcharge? If so, what percent? _____

Are you a member of the NLA? _____

What is your cancellation policy? _____

Fleet Information

Spreadsheet of vehicles is acceptable.

Type of Sedans: _____ Number of Sedans: _____ Year: _____

Type of SUV's: _____ Number of SUV's: _____ Year: _____

Type of Limos: _____ Number of Limos: _____ Year: _____

Type of Mini-coaches: _____ Number of MC's: _____ Year: _____

Type of Specialty Vehicles: _____ Number of SV's: _____ Year: _____

Other: _____

Insurance:

American Limousines must be listed as an additional name insured. Please fax a copy of this along with the agreement.

Airports:

Airport	City	Distance From Base	Additional Charges

What is your standard meeting procedure at airports?

I attest that all of the above information submitted in this application is correct. I agree to provide American Limousines the revised information in the event that any of the above information, other than changed to the fleet, is modified.

Signature: _____ Date: _____