

PEDICAB APPLICATION

APPLICANT INFORMATION

Applicant Name: _____

Business Name: _____

Applicant is: Individual Corporation Partnership/Joint Venture LLC

Mailing Address: _____

City: _____ State: _____ Zip: _____

Garaging Address: _____

City: _____ State: _____ Zip: _____

Applicant's Phone: _____ *Email:* _____

Requested Effective Date: _____ Estimated Annual Gross Receipts: _____

Area(s) of Operation (cities/states): _____

PRIOR INSURANCE INFORMATION: NONE LOSSES/CLAIMS: YES NONE

	Year: 2025-2026	Year: 2024-2025	Year: 2023-2024
Carrier			

ADDITIONAL INSURED(S) TO BE INCLUDED

NAME	ADDRESS	RELATIONSHIP

SIGNED: _____ DATED: _____

