Transportation Network Company (TNC) Supplemental Application

This Supplemental Application becomes part of the ACORD® applications and schedules provided by the insured.

Please complete the following information:

General Information

1. Applicant Name: _____

2. Website address: _____

Operations

3. Describe your operations:

_____

_____

4. In which cities / states do you currently operate? _____

5. Do you hold a TNC license in the cities / states mentioned above? ☐ Yes ☐ No

6. If yes, provide license #(s):_____

7. In which cities / states do you plan to expand to in the next 12 months? _____

8.

	Projected Exposure Next 12 months	Historical Exposure Current year	Historical Exposure 2nd year prior
Annual Sales / Receipts:	_____	_____	_____
Annual # of rides:	_____	_____	_____
# of Drivers:	_____	_____	_____

Please provide your mileage driven by period below:

	Projected Annual Miles Next 12 months	Miles Driven Current year	Miles Driven 2nd year prior
Period 1	_____	_____	_____
Period 2	_____	_____	_____
Period 3	_____	_____	_____

9. What is the name of your platform? _____

10. Was the platform self-developed or purchased: ☐ Self-developed ☐ Purchased

11. What are your days and hours of operations? _____

12. Describe any customer support available to riders and drivers. _____

Driver Requirements

13. What is the minimum age of your drivers? _____

14. What is the maximum age of your drivers? _____

15. What is the minimum driving experience required? _____

16. As part of the driver approval process do you use an outside vendor to order MVRs? ☐ Yes ☐ No

17. If no, how do you confirm that the driver's driving history is satisfactory? _____

18. How often do you update and review all MVRs? _____

19. Do you use a service that alerts you of new MVR activity when it occurs? ☐ Yes ☐ No

20. As part of the driver approval process, do you require a current criminal background check? ☐ Yes ☐ No

21. How often do you update and review all background checks? _____

22. What company do you use for running background checks? _____

23. Do you require drivers to provide proof of valid personal insurance? ☐ Yes ☐ No

24. Are drivers and passengers able to rate each other? ☐ Yes ☐ No

25. If yes, how is the rating monitored for compliance with your safety policy? _____
_____

26. Do you have a driver safety program that must be completed? ☐ Yes ☐ No

27. Do you have a distracted driver policy? ☐ Yes ☐ No

28. If you use telematics, does your platform capture the following?

Hard breaking	☐ Yes ☐ No	Speeding	☐ Yes ☐ No
Miles traveled	☐ Yes ☐ No	Use telematics	☐ Yes ☐ No
Texting / Phone use (distracted driving)	☐ Yes ☐ No	Other actions _____	

Vehicle Requirements

29. Do you have a mandatory vehicle inspection policy? ☐ Yes ☐ No

30. Is it conducted by a third party and if so, how often? _____

Required Additional Documents Checklist

All Companies:
☐ Business / growth plan
☐ Distracted driving policy
☐ Accident reporting protocols
☐ Driver screening policy (if not posted online)
☐ Terms of service (if not posted online)
☐ Privacy policy (if not posted online)

Established Companies:
☐ Any manuscript policy forms
☐ Currently valued loss runs (up to 5 years)
☐ Current and projected financials

Start Ups:
☐ Funding details
☐ Biographies of the founders / owners

All documents should be emailed to: Incubator_submissions@munichreamerica.com