Hartsfield-Jackson Atlanta International Airport

Ground Transportation Services Division
P.O. Box 20509, Atrium Suite 435
Atlanta, Georgia 30320
Phone: (404) 530-6674 Fax: (404) 762-3561

INSURANCE VERIFICATION FORM

Agent Name: _____ Agency Name: _____

Agent Business Address_____ Agent Business Phone:_____

_____

_____

Agent E-mail Address: _____ Agent Fax #: _____

Please obtain the following information and documents from your insurance agent:

- A declaration page showing the policy number, the amounts of coverage, and beginning and expiration date of the policy.

A declaration of covered vehicles identified by VIN must either be printed on the declaration page or on a page attached to the declaration page. Declaration page must indicate that the Ground Transportation Services Division will receive 30-days notice prior to cancellation of the policy. A copy of the policy must accompany this application.

YOUR INSURANCE AGENT MUST COMPLETE THE FOLLOWING QUESTIONNAIRE BEFORE WE CONSIDER YOUR APPLICATION FOR AN AIRPORT GROUND TRANSPORTATION PERMIT.

Please print the name of the Vehicle for Hire or Shared-Ride company for which this form is being submitted –

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1. How many insurance policies does this Vehicle for Hire or Shared-Ride Company have with your agency?

2. Does this Vehicle for Hire applicant have multiple policies on any vehicle? **YES** ☐ **NO** ☐

3. Give the name of any insurance company and any applicable policy number

4. Are all policies held by this Vehicle for Hire applicant, written by insurance companies authorized to conduct business in the State of Georgia? **YES** ☐ **NO** ☐

If **NO**, explain _____

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5. Is this policy or any policy currently held by this Vehicle for Hire applicant written under the '*Surplus Line*' or '*Direct Purchase*' insurance law? **YES** ☐ **NO** ☐

If **YES**, explain _____

6. Is this a commercial insurance policy? **YES** ☐ **NO** ☐

7. Has the Vehicle for Hire applicant been approved by the insurance company to operate as a Vehicle for Hire? **YES** ☐ **NO** ☐

8. Check the following in regards to payment plan:

a) Month Policy (paid in advance) _____

b) One year Policy (paid in advance) _____

c) Sixty day Binder (coverage contingent upon monthly payments) _____

d) Other

(explain) _____

9. Name the **individual** that pays the premium on the policy _____

10. Name the Shared-Ride/Limousine/Taxi Company covered by this policy _____

I, _____ do solemnly swear that the foregoing statements are true. I understand that any falsehoods or omissions are grounds for automatic dismissal of this application. I understand that falsification or omission of information in this statement may result in civil and/or criminal action against me individually and the insurance company that I represent.

_____

Signature of Insurance Agent or Authorized Representative

Notary Public _____ Date _____