



ATTENTION

Insured Information

Company Name: <u>HOMELINK</u>	DOT #: <u> </u>
Business Entity Type: <u>Llc</u>	Operation description:
FEIN #: <u> </u>	Range of operation: <input type="radio"/> Interstate <input checked="" type="radio"/> Intrastate
Garaging Address: <u>30204 Sanctuary Blvd</u>	Radius of operation: <u>100</u>
City: <u>Denham Springs</u>	Federal or State Filings Required?: <input type="radio"/> Yes <input checked="" type="radio"/> No
State: <u>LA</u>	Will policy cover all vehicles owned, operated, or under lease to applicant?: <input checked="" type="radio"/> Yes <input type="radio"/> No
ZIP: <u>70726</u>	Is passenger transportation your primary business?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Owner's name: <u>FREDERICK ELLIS</u>	Major cities:
Phone Number: <u>2253352720</u>	Has risk been cancelled or non-renewed in last 3 years?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Email Address: <u>ABBERIDES@GMAIL.COM</u>	Is risk covered by workers compensation?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Years of primary liability coverage: <u> </u>	Do you have a scheduled route?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Business Start Date: <u> </u>	Are you transporting physically disabled persons?: <input type="radio"/> Yes <input checked="" type="radio"/> No
Desired Effective Date: <u>05/22/2023</u>	Do you charge a fee for transporting passengers?: <input checked="" type="radio"/> Yes <input type="radio"/> No
	Is the vehicle handicap equipped?: <input type="radio"/> Yes <input checked="" type="radio"/> No
	Notes - Description of Operations:
	<div style="border: 1px solid black; padding: 5px;">Food Delivery & Passenger Transport</div>

Driver Information

Name	Dob	License number	State	Date hired	Year CDL issued	Last 3 Years # of	
						Mov. Violations	Accidents
FREDERICK ELLIS	03/30/1974	005903996	LA		0	0	0

Vehicle Information

Year	Make	Stated value	Vin	Radius	Seating capacity
2016	Toyota		JTMZFREV6GJ094789937	100.0	5

Loss Information

(Previous career & loss information - must show current year and previous 2 years. If previously leased to another company, list that company.)

Policy start date	Policy end date	Company name	Policy numbers	Premium amount	Number of claims	Total paid and reserved

Coverage and Limits

Liability				Physical Damage	
Auto Liability	<input checked="" type="checkbox"/>	Limit	<u>500</u>	Deductible	<u> </u>
UM/UIM	<input type="checkbox"/>	Limit	<u> </u>	Deductible	<u> </u>
Medical Payments	<input type="checkbox"/>	Limit	<u> </u>	Deductible	<u> </u>
General Liability	<input type="checkbox"/>	Limit	<u> </u>	Deductible	<u> </u>
				Cargo	