



LIMOUSINE LTD

**COMPANY INFORMATION**

Legal Company Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Dunn & Bradstreet #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Toll Free #: \_\_\_\_\_ Local Office Phone: \_\_\_\_\_

Office Fax #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Web Address: \_\_\_\_\_

Reservations Email Address: \_\_\_\_\_

Additional Location (1): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Additional Location (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Additional Location (3): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_





**LIMOUSINE LTD**

Is your fleet equipped with GPS?  Yes  No

Please select which amenities you offer below:

- Cell Phone   
  DVD Player   
  VHS Player   
  TV  
 CD Player   
 Satellite Radio   
 Wet Bar   
 Drive Cam  
 Mobile Internet   
 Other \_\_\_\_\_

**RATES**

Please list ALL applicable rates:

Vehicle Type	Sedan	6P Limo	8P Limo	10P Limo	SUV	Van	Mini Coach	Motor Coach	Other
Flat Rate Airport									
Hourly Rate									
Hourly Minimum									
Comm % to Diva									
Gratuity %									
Tax %									
Phone Charges									
Fuel Surcharge									
Other Fees									



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**ACCOUNTING/BILLING INFORMATION**

Accounting Contact: \_\_\_\_\_ Direct Accounting Phone: \_\_\_\_\_

Direct Accounting Fax: \_\_\_\_\_ Direct Accounting Email \_\_\_\_\_

Do you offer Direct Bill Accounts?  Yes  No

If yes, what are the terms: \_\_\_\_\_

What credit cards do you accept?

A/X  Visa/MC  Diner's Club  Discover  Other \_\_\_\_\_

Please describe your cancellation policy in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE INFORMATION**

Name of Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Broker: \_\_\_\_\_ Phone # \_\_\_\_\_

Broker's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please list the respective limits for each type of coverage:

General Liability: \_\_\_\_\_

Automobile Liability: \_\_\_\_\_



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Are you required by your respective State to carry Worker's Compensation Insurance?

Yes  No

If yes, who is your carrier? \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Period: \_\_\_\_\_

**DRIVER INFORMATION**

Are your drivers employees or Independent Contractors?  Employees  IC's

Does your company perform the following?

Pre-employment Drug Tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pre-employment Physical Test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MVR's?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency: _____
Criminal Background Checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency: _____
Random Drug Testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency: _____

Please give a brief description of your driver's uniform policy: \_\_\_\_\_

\_\_\_\_\_

Please give a brief description of your training requirements & policies: \_\_\_\_\_

\_\_\_\_\_

Are your drivers equipped with any of the following? (Please check all that apply):

Nextel 2-Way  Cell Phone  Pager  PDA's



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**MANAGEMENT INFORMATION**

Please use empty spaces for other pertinent members of management:

Title	Name	Direct Phone #	Email Address
President / CEO			
Vice President			
General Manager			
Operations Manager			
CFO / Controller			
Accounting Manager			
Reservations Manager			
Affiliates Manager			
IT Manager/Specialist			
HR Manager			

**COMPANY HISTORY**

How many years have you been in business? \_\_\_\_\_

Are you incorporated?  Yes  No If yes, in what State? \_\_\_\_\_

Are you open 24 hours a day, seven days a week?  Yes  No

If no, what are your hours and days of operation? \_\_\_\_\_

\_\_\_\_\_

Do you have a 24-hour answering service?  Yes  No

If yes, what is the phone number to call? \_\_\_\_\_



**LIMOUSINE LTD**

Do you accept reservations online?

Yes

No

How are confirmations delivered?

Email

Fax

How quickly are confirmations sent out? \_\_\_\_\_

How many minutes prior to the pickup time are your drivers required to be on location?

\_\_\_\_\_

Please list any and all major airports or FBO's you service:


Where are passengers greeted upon arrival?  Gate Meet

Baggage Claim

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

Is your organization an active member in good standing with NLA?  Yes  No

Please list any other local associations or memberships your company participates in:

Name of Association	Type of Association

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this application!



**LIMOUSINE LTD**

**Please submit completed form by faxing to 818-753-3584**

**Diva Limousine, Ltd.  
11132 Ventura Blvd., Suite 100  
Studio City, CA 91604  
(800) 427-3482 – Toll Free  
(818) 753-3599 – Local  
(818) 753-3584 – Affiliates Fax  
affiliates@divalimo.com – Email  
www.divalimo.com**