

Public Application

COLUMBIA INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Policy Term From: _____ To: _____

1. Name (and "dba") _____
 Individual/Proprietorship Partnership Corporation Other Business phone number _____

2. Mailing address _____ City _____ State _____ Zip _____

3. Premises address _____ City _____ State _____ Zip _____

4. Person to contact for inspection (name and phone number) _____

5. Have you ever had insurance with one of the companies listed at the top of this page? Yes No
 If yes, policy number(s) _____ Effective date(s) _____

DESCRIPTION OF OPERATIONS

6. Describe business _____
 Years experience _____ New Venture? Yes No

7. Is this your primary business? Yes No If no, explain _____
 Is your business seasonal? Yes No Is your business for hire/for profit? Yes No

8. Have you ever filed for bankruptcy? Yes No If yes, when _____ Explain _____

9. Gross receipts last year _____ Estimate for coming year _____ Business for sale? Yes No

10. Do you operate in more than one state? Yes No If yes, list states _____

11. What is the largest city entered within your radius of operation? _____

LIABILITY COVERAGE – Complete for desired coverages by indicating limits of insurance.

LIABILITY		Split Limits		Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED – REFER TO FOLLOWING PAGE.	
Combined Single Limit BI & PD	Bodily Injury	Property Damage				COMPLETE HIRED AND NON-OWNED SUPPLEMENT IF COVERAGE DESIRED.	
	Per Person	Per Accident	Per Accident				

UNINSURED MOTORIST COVERAGE

Single Limit	Split Limits	
	Bodily Injury	
	Per Person	Per Accident

DRIVER INFORMATION – If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in class/type)	Type of Unit (bus, van, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, hit & run, manslaughter, reckless, driving while suspended/revoked, speed contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

12. What is the basis for driver(s) pay? Hourly _____ Trip _____ Mileage _____ Other, explain _____

13. Are drivers covered by workers compensation? Yes No Minimum years driving experience required _____

14. Are vehicles owner-driven only? Yes No Do you agree to report all newly hired operators? Yes No

15. Are drivers ever allowed to take vehicles home at night? Yes No If yes, will family members drive? Yes No

16. Do you order MVRs on all drivers prior to hiring? Yes No Driver's maximum driving hours _____ daily _____ weekly

SCHEDULE OF AUTOS/VEHICLES – Describe all vehicles for which application is made for insurance.

Veh. No.	Model Year	Vehicle Make	Body Type/Model	Full Vehicle Identification Number	Orig. Mfg. Seating Cap.	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags or (C) Wheelchair Lift
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

PURPOSE OF USE ABBREVIATION MUST BE SELECTED FOR EACH VEHICLE

Veh. No.	Purpose of Use	Length of Limo Stretch	AB Airport Bus or Van	ME Musician & Entertainer Bus
			APS Airport Parking/Rental Car Shuttle	(a) Professional Entertainer (b) Non-Professional Entertainer
1			AT Athlete Bus (a) Professional Athlete (b) Non-Professional Athlete	MV Medivan/Medical Transport/Non-Emergency Ambulance (a) For Profit (b) Not For Profit
2			BB Bingo/Casino Bus	PT Prisoner Transfer
3			SBG Boy/Girl Scout Bus	SB School Bus (a) Public Owned (b) Other (c) Private or Parochial Owned
4			CB Charter Bus (a) Interstate (b) Intrastate	SC Senior Citizens Center Auto
5			CHB Church Bus	SH Shuttle (a) Tourist (b) Wilderness (c) All Other
6			CTB City Transit Bus (Urban Bus)	SSB Sightseeing Bus
7			CRB Courtesy Bus (a) Hotel (b) Medical (c) Other	SKB Ski Bus
8			DC Day Care/Day Nursery	SSA Social Service Agency (a) Group Home (b) Other
9			ET Employee Transportation	TX Taxicab
10			Railroad Employees (a) For Profit (b) Not For Profit	TM Tram
			Farm Labor Bus (c) For Profit (d) Not For Profit	T Trolley
			Other (e) For Profit (f) Not For Profit	
			ICB Inter-City Bus (attach route scheduled)	
			L Limousine (a) Transportation to Airport \geq 50% (b) Super-Stretch (> 120") (c) Regular	

PHYSICAL DAMAGE COVERAGE – Complete spaces below in detail for each respective auto/vehicle described above.

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Equipment	Total Stated Amount to be Insured	Physical Damage Deductible	
						<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Spec. C of Loss
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

17. Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee for each vehicle _____

LOSS EXPERIENCE – Provide prior insurance carriers information for past full three years.

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab	Phys Dam	BI	PD	Comp/Coll	Other
/ /	/ /									
/ /	/ /									
/ /	/ /									

18. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____

19. Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes No
If yes, explain _____

20. Is the transportation of people your primary business? Yes No Are vehicles leased to drivers? Yes No

21. Do you transport physically disabled individuals? Yes No If yes, what percentage of the time? _____ %

22. Are vehicles equipped with fare box or meter? Yes No Do you have a scheduled route? Yes No

23. Do you ever transport unscheduled passengers? Yes No Minimum number of hours rented _____ Minimum charge _____

24. Number of Vehicles Owned: Limos _____ Vans _____ Buses _____ Other _____

25. Number of Vehicles Leased: Limos _____ Vans _____ Buses _____ Other _____

FILING INFORMATION

26. Is an FHWA filing required? Yes No If yes, MC number _____
What authority do you have? Broker Common Contract

27. If you hold a broker's license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____

28. If you are an interstate regulated carrier, identify your registration or base state _____

29. Is an intrastate filing needed? Yes No If yes, show state and permit number _____

30. Show exact name and address in which permits are issued _____

31. Is MCS 90 endorsement needed? Yes No

32. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____

33. Do you enter Canada? Yes No Do you enter Mexico? Yes No If yes, where _____

34. Have you ever changed your operating name? Yes No Do you operate under any other name? Yes No

35. Do you operate as a subsidiary of another company? Yes No

36. Do you own or manage any other transportation operations that are not covered? Yes No

37. Do you lease your authority? Yes No Do you appoint agents or hire independent contractors to operate on your behalf? Yes No

38. Have you purchased, sold or applied for authority over the past 3 years? Yes No

39. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? Yes No

40. Is evidence/certificate(s) of coverage required? Yes No

41. Please explain any "yes" answer to Questions 34 through 40 _____

42. Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers? Yes No
If yes, attach a copy of current agreements and complete the following:

(a) With whom has such agreement(s) been made? _____

(b) Do the parties named in (a) carry automobile liability insurance? Yes No
If yes, name of insurance company and limits of liability (bodily injury & property damage) _____

(c) Under whose permit does each of the parties to the agreement(s) operate? _____

(d) Is there a Hold Harmless in the agreement(s)? Yes No

43. Do you barter, hire or lease any vehicles? Yes No If yes, explain _____

44. Additional comments: _____

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

Witness _____

Applicant's Signature _____

Date _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address _____

Phone No. _____