

Special Types 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: _____

- Name (and "dba") _____
☐ Individual/Proprietorship ☐ Partnership ☐ Corporation ☐ Other Business phone number _____
- Mailing address _____ City _____ State _____ Zip _____
- Premises address _____ City _____ State _____ Zip _____
- Person to contact for inspection (name and phone number) _____
- 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

- Describe business _____
Years experience _____ New Venture? ☐ Yes ☐ No
- 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
- Have you ever filed for bankruptcy? ☐ Yes ☐ No If yes, when _____ Explain _____
- Gross receipts last year _____ Estimate for coming year _____ Business for sale? ☐ Yes ☐ No
- Do you operate in more than one state? ☐ Yes ☐ No If yes, list states _____
- What is the largest city entered within your radius of operation? _____

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

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

UNINSURED MOTORIST COVERAGE		
Single Limit	Split Limits	
	Bodily Injury	
	Per Person	Per Accident

UNDERINSURED 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. Does applicant have attendant's E&O coverage? ☐ Yes ☐ No
13. What is the basis for driver(s) pay? Hourly _____ Trip _____ Mileage _____ Other, explain _____
14. Are drivers covered by workers compensation? ☐ Yes ☐ No Minimum years driving experience required _____
15. Are vehicles owner-driven only? ☐ Yes ☐ No Do you agree to report all newly hired operators? ☐ Yes ☐ No
16. Are drivers ever allowed to take vehicles home at night? ☐ Yes ☐ No If yes, will family members drive? ☐ Yes ☐ No
17. 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	Emergency Lights & Sirens (Yes or No)	ALS Advanced Life Support	MTA Medical Transportation	SP Snow Plow
1			BLS Basic Life Support	OR Off Road Auto	SS Street Sweeper
2			BV Box Van	OV Other Van	ST Semi-Trailer
3			CP Cherry Picker	PC Police Car	T Truck
4			CV Cargo Van	PPT Private Passenger Type	TA Transfer Ambulance
5			F Flower Car	PT Pumper Truck	TR Trailer
6			H Hearse	PU Pick Up	TT Truck Tractor
7			L Limo	PV Passenger Van	UT Utility Trailer
8			LT Ladder Truck	RT Rescue Truck	WT Water Truck
9					Other, describe _____
10					

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	Collision
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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

19. Is the transportation of people your primary business? ☐ Yes ☐ No Are vehicles leased to drivers? ☐ Yes ☐ No
20. Do you transport physically disabled individuals? ☐ Yes ☐ No If yes, what percentage of the time _____%
21. Is our policy to cover all vehicles owned, operated or under lease to applicant? ☐ Yes ☐ No If no, explain _____
22. Number of Vehicles Owned by You: Ambulances _____ Wheel Chair Vans _____ Priv. Pass. Types _____ Fire Trucks _____
Rescue Trucks _____ Police Cars _____ Hearses _____ Limos _____ Other _____
23. Number of Vehicles Leased to You: Ambulances _____ Wheel Chair Vans _____ Priv. Pass. Types _____ Fire Trucks _____
Rescue Trucks _____ Police Cars _____ Hearses _____ Limos _____ Other _____

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
/ /	/ /									
/ /	/ /									
/ /	/ /									

24. 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 _____

OPERATION INFORMATION — Complete only those sections relating to your operations.

AMBULANCE AND MEDICAL TRANSPORTATION VEHICLES

25. Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? ☐ Yes ☐ No
If yes, show auto numbers from schedule _____
26. Do autos without lights and sirens have stretchers or gurneys? ☐ Yes ☐ No If yes, show auto numbers from schedule _____
27. How is gurney or wheelchair securely clamped for transportation? _____
28. Any autos operated 24 hours per day? ☐ Yes ☐ No If yes, show auto numbers from schedule _____
29. Is special driver training given? ☐ Yes ☐ No If yes, explain _____
30. What methods and qualifications are used for driver selection? _____
31. Are you the primary response unit for emergency (911) calls? ☐ Yes ☐ No
32. What percent of your ambulance dispatches are: Emergency (Code 3 or 4)? _____% Non-Emergency (Code 1 or 2)? _____%
33. What procedure is required of drivers as they approach a red light? _____
34. Is your operation privately owned? ☐ Yes ☐ No
35. If privately owned, are you affiliated with a taxi or other transportation company? ☐ Yes ☐ No If yes, explain _____

DRIVER TRAINING PROGRAMS

36. Is operation part of a school curriculum? ☐ Yes ☐ No Is classroom instruction given? ☐ Yes ☐ No
37. Are all driver training autos equipped with dual brakes? ☐ Yes ☐ No If no, identify by auto number from schedule any that do not have dual brakes: _____
38. Are autos equipped with any other dual controls? ☐ Yes ☐ No If yes, explain _____
39. Is there any personal use of the automobiles? ☐ Yes ☐ No

FIRE DEPARTMENTS

40. Is your operation owned by a municipality? ☐ Yes ☐ No
41. What procedure is required of drivers as they approach a red light? _____
42. Is special driver training given? ☐ Yes ☐ No What methods are used for driver selection? _____
43. Are volunteers allowed to drive? ☐ Yes ☐ No If yes, is the same driver selection and special training used? ☐ Yes ☐ No
44. Do ladder truck drivers have special training? ☐ Yes ☐ No How many runs/calls are made per year per fire truck? _____
45. Is your operation volunteer? ☐ Yes ☐ No

FUNERAL DIRECTORS

46. Are hearses also used as ambulances? ☐ Yes ☐ No If yes, what percent is ambulance _____%
47. Are limousines used for other purposes? ☐ Yes ☐ No If yes, explain and show percentage _____

LAW ENFORCEMENT AGENCIES

48. Are officers given training in defensive driving? ☐ Yes ☐ No Are officers given training in high-speed and pursuit driving? ☐ Yes ☐ No
49. What procedure is required of drivers as they approach a red light? _____

SECURITY PATROLS

50. Do vehicles operate 24 hours a day? ☐ Yes ☐ No Any special training? ☐ Yes ☐ No Are weapons carried? ☐ Yes ☐ No
51. Percentage of surveillance _____% Patrolling _____%

52. Additional comments _____

FILING INFORMATION

53. Is an FHWA filing required? ☐ Yes ☐ No If yes, MC number _____
What authority do you have? ☐ Broker ☐ Common ☐ Contract
54. If you hold a broker's license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____

55. If you are an interstate regulated carrier, identify your registration or base state _____
56. Is an intrastate filing needed? ☐ Yes ☐ No If yes, show state and permit number _____
57. Show exact name and address in which permits are issued _____
58. Is MCS 90 endorsement needed? ☐ Yes ☐ No
59. Is our policy to cover all vehicles owned, operated or under lease to applicant? ☐ Yes ☐ No If no, explain _____

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

61. Have you ever changed your operating name? ☐ Yes ☐ No Do you operate under any other name? ☐ Yes ☐ No
62. Do you operate as a subsidiary of another company? ☐ Yes ☐ No
63. Do you own or manage any other transportation operations that are not covered? ☐ Yes ☐ No
64. Do you lease your authority? ☐ Yes ☐ No Do you appoint agents or hire independent contractors to operate on your behalf? ☐ Yes ☐ No
65. Have you purchased, sold or applied for authority over the past 3 years? ☐ Yes ☐ No
66. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? ☐ Yes ☐ No
67. Is evidence/certificate(s) of coverage required? ☐ Yes ☐ No
68. Please explain any "yes" answer to Questions 61 through 67 _____

69. 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
70. Do you barter, hire or lease any vehicles? ☐ Yes ☐ No If yes, explain _____
71. 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.