

# Public Application

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

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.						
Combined Single Limit BI & PD	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.
	Split Limits					
	Bodily Injury		Property Damage			
	Each Person	Each Accident	Each Accident			

**APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

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 MVR's 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	APS Airport Parking/Rental Car Shuttle	AT Athlete Bus (a) Professional Athlete (b) Non-Professional Athlete	BB Bingo/Casino Bus	SBG Boy/Girl Scout Bus	CB Charter Bus (a) Interstate (b) Intrastate	CHB Church Bus	CTB City Transit Bus (Urban Bus)	CRB Courtesy Bus (a) Hotel (b) Medical (c) Other	DC Day Care/Day Nursery	ET Employee Transportation	ME Musician & Entertainer Bus (a) Professional Entertainer (b) Non-Professional Entertainer	MV Medivan/Medical Transport/Non-Emergency Ambulance (a) For Profit (b) Not For Profit	PT Prisoner Transfer	SB School Bus (a) Public Owned (b) Other (c) Private or Parochial Owned	SC Senior Citizens Center Auto	SH Shuttle (a) Tourist (b) Wilderness (c) All Other	SSB Sightseeing Bus	SKB Ski Bus	SSA Social Service Agency (a) Group Home (b) Other	TX Taxicab	TM Tram	T Trolley	
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
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	
						Comprehensive Spec. C of Loss	Collision
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 Brokers 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ALASKA NOTICE

## Regarding Uninsured/Underinsured Motorists Coverage

Uninsured/Underinsured Motorists Coverage protects you in the event of an accident involving a motorist with either no insurance or insurance which is inadequate to cover damages incurred in the accident. Minimum Uninsured/Underinsured Motorists Coverage limits are \$50,000 per person/\$100,000 maximum per accident for bodily injury and \$25,000 for property damage.

You have the option of purchasing Uninsured/Underinsured Motorists Bodily Injury and Property Damage coverage, Uninsured/Underinsured Motorists Bodily Injury coverage only, Uninsured/Underinsured Motorists Property Damage coverage only, or rejecting all Uninsured/Underinsured Motorists coverage. Uninsured/Underinsured Motorists Property Damage coverage is subject to a \$250 deductible.

Please indicate your Uninsured/Underinsured Motorists coverage selection and/or rejection below.

### Uninsured/Underinsured Motorists Bodily Injury Only (Rejecting Property Damage)

- Policy Limits
- 50/100
- 100/300
- 300/500
- 500/500
- 500/1,000,000
- 1,000,000/2,000,000
- \$ \_\_\_\_\_ each person
- \$ \_\_\_\_\_ each accident

### Uninsured/Underinsured Motorists Property Damage Only (Rejecting Bodily Injury)

- 25,000
- 50,000
- 100,000
- \$ \_\_\_\_\_ each accident

### Uninsured/Underinsured Motorists Bodily Injury and Property Damage Split Limits

– OR –

### Uninsured/Underinsured Motorists Bodily Injury and Property Damage Combined Single Limits

- | <u>Bodily Injury</u> | <u>Property Damage</u> |
|----------------------|------------------------|
|----------------------|------------------------|

- Policy Limits
- 125,000
- 300,000
- 500,000
- 1,000,000
- 2,000,000
- \$ \_\_\_\_\_ each accident

### Entire Rejection Option

Please indicate below if you do not want to purchase Uninsured/Underinsured Motorists coverage in its entirety.

- I wish to reject Uninsured/Underinsured Motorists Bodily Injury and Property Damage coverage.

\_\_\_\_\_  
Signature (Representing all Insureds)

\_\_\_\_\_  
Date

Until you advise us otherwise in writing, your choice, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos.

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

