

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	SBSchool Bus (a) Public Owned (b) Other (c) Private or Parochial Owned	SCSenior Citizens Center Auto	SHShuttle (a) Tourist (b) Wilderness (c) All Other	SSB Sightseeing Bus	SKB Ski Bus	SSA Social Service Agency (a) Group Home (b) Other	TXTaxicab	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	
						<input type="checkbox"/> Comprehensive <input type="checkbox"/> 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: _____

**WASHINGTON
SELECTION OR REJECTION OF PIP AND UIM COVERAGES**

PERSONAL INJURY PROTECTION OPTIONS

In Washington, law has been enacted to provide you with the option of purchasing no-fault coverage.

"X" INDICATES YOUR CHOICE (Personal Injury Protection Benefits are not available to the following: corporations, partnerships, or any other non-human entity named as the insured.)

- Basic Personal Injury Protection Benefits selected.**
- Increased Limits Personal Injury Protection Benefits selected.**
- Rejection of Personal Injury Protection Benefits.**

UNDERINSURED MOTORISTS OPTIONS

UNDERINSURED MOTORISTS INSURANCE (including uninsured motorists insurance) provides protection for persons insured under the policy, who are legally entitled to recover damages from the owner or operator of a vehicle which was uninsured or was insured but whose policy provides limits of liability less than the limits provided in your Underinsured Motorists Insurance, for Bodily Injury, sickness or disease (including resulting death) or Property Damage.

Washington Statutes require that Underinsured Motorists Insurance be included on every Auto policy with limits equal to the policy liability limits. You may, however, specify in writing that you wish to select lower limits or reject the coverage entirely.

"X" INDICATES YOUR CHOICE

- Entire Rejection of Bodily Injury and Property Damage Underinsured Motorists Insurance.**
- Entire Rejection of Property Damage Underinsured Motorists Insurance.**

The undersigned, representing all insureds under the policy, hereby rejects Bodily Injury and/or Property Damage Underinsured Motorists Insurance, as indicated above, and waives any protection afforded by the Washington Statutes in that respect.

- OR -

- Elect to Purchase Bodily Injury Underinsured Motorists Insurance** at the limits shown below, which are equal to or greater than the minimum requirements of the Washington Financial Responsibility Law, but which do not exceed the Bodily Injury Liability limits of the policy:
- Elect to Purchase Property Damage Underinsured Motorists Insurance** at the limit shown below, which is equal to or greater than the minimum requirements of the Washington Financial Responsibility Law, but do not exceed the Property Damage liability limit of the policy:

Underinsured Motorists Coverage Limits

<u>Single Limit</u>	<u>Split Limits</u>
\$ _____ Bodily Injury Only	\$ _____ each person
\$ _____ Bodily Injury & Property Damage*	\$ _____ each accident
	\$ _____ each accident*

*PD Underinsured Motorists Insurance is subject to a \$100.00 per occurrence deductible, except in the case of an accident involving a hit-and-run or "phantom" vehicle, then a \$300.00 per occurrence deductible applies.

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 and will be carried forward on all future renewal policies without additional notice.

X _____
Signature of Named Insured Date

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

