

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)	

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	Alrport Bus or Van	ME	Musician & Entertainer Bus
1			APS	Alrport Parking/Rental Car Shuttle		(a) Professional Entertainer
2			AT	Athlete Bus (a) Professional Athlete (b) Non-Professional Athlete		(b) Non-Professional Entertainer
3			BB	Bingo/Casino Bus	MV	Medivan/Medical Transport/Non-Emergency Ambulance
4			SBG	Boy/Girl Scout Bus		(a) For Profit (b) Not For Profit
5			CB	Charter Bus (a) Interstate (b) Intrastate	PT	Prisoner Transfer
6			CHB	Church Bus	SB	School Bus (a) Public Owned (b) Other (c) Private or Parochial Owned
7			CTB	City Translt Bus (Urban Bus)	SC	Senior Citizens Center Auto
8			CRB	Courtesy Bus (a) Hotel (b) Medical (c) Other	SH	Shuttle (a) Tourist (b) Wilderness (c) All Other
9			DC	Day Care/Day Nursery	SSB	Sightseeing Bus
10			ET	Employee Transportation	SKB	Ski Bus
				Railroad Employees (a) For Profit (b) Not For Profit	SSA	Social Service Agency (a) Group Home (b) Other
				Farm Labor Bus (c) For Profit (d) Not For Profit	TX	Taxicab
				Other (e) For Profit (f) Not For Profit	TM	Tram
			ICB	Inter-City Bus (attach route scheduled)	T	Trolley
			L	Limousine (a) Transportation to Alrport ≥ 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	Colliston
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: _____

CALIFORNIA UNINSURED MOTORISTS COVERAGE LIMITS

Basic Limits Accepted as follows: →

- Single Limit
- Split Limits

Policy Limits Accepted

Other Limits Accepted (not to exceed policy limits) as follows: →

Uninsured Motorist Property Damage Coverage (\$3500 limit) Accepted

Entire Rejection

Single Limit	Split Limits	
	Bodily Injury	
	Each Person	Each Accident

Premium Adjustment
(if any)
\$

**DELETION OF UNINSURED MOTORISTS COVERAGE
FROM POLICY, SELECTION OF LOWER LIMIT
OF LIABILITY, WAIVER OF COLLISION DEDUCTIBLE
(California)**

The California Insurance Code (Section 11580.2) requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.*

Under the California Insurance Code (Section 11580.26) it is required, provided bodily injury uninsured motorists coverage is not rejected, where a policy of motor vehicle liability insurance does not include collision insurance on the insured motor vehicle, that the insurer offer to cover property damage on the insured motor vehicle (not including personal property therein) caused by the owner or operator of an uninsured motor vehicle. Such coverage of loss or damage by collision shall not exceed the actual cash value or \$3,500, whichever is less. The insured may elect not to accept such coverage or to waive such coverage when the motor vehicle is operated by a person or person designated by name. Property damage does not include loss of use of the motor vehicle.

Section 11580.26 further requires that where a policy of motor vehicle liability insurance includes collision coverage on the insured motor vehicle, subject to a deductible to be paid by the insured, that the insurer offer to provide coverage in the amount of the deductible in the event of collision involving a vehicle, including a trailer, owned by the named insured and insured under the policy and an uninsured motor vehicle. You may elect not to accept this offer or to waive this coverage when the insured vehicle is used or operated by a person or person designated by name.

In accordance with the above described California Insurance Code the undersigned insured (and each of them) –
(Applicable item marked "X")

- agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted.
- agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

NAME OF INDIVIDUAL _____

NAME OF INDIVIDUAL _____

- agrees that the following lower limit of liability for bodily injury applies with respect to the Uninsured Motorists Coverage afforded in the policy:
\$ _____ each person (enter limit if applicable); \$ _____ each accident.
- agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy (applicable to motor vehicle(s) without Collision Coverage) is hereby deleted.
- agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy (applicable to motor vehicle(s) without Collision Coverage) is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

NAME OF INDIVIDUAL _____

NAME OF INDIVIDUAL _____

- agrees that Uninsured Motorists Coverage provides property damage coverage to the following motor vehicle(s):
Veh. No. _____ Veh. No. _____
Veh. No. _____ Veh. No. _____
- agrees that the offer to waive the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby rejected.
- agrees that the waiver of the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

NAME OF INDIVIDUAL _____

NAME OF INDIVIDUAL _____

- agrees to accept the offer to waive the deductible under the Collision Coverage applying to the following covered auto(s), including trailer(s), in the event of collision with an uninsured motor vehicle:
Veh. No. _____ Veh. No. _____
Veh. No. _____ Veh. No. _____

SIGNATURE OF INSURED

SIGNATURE OF INSURED

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

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 Interstate Commerce Commission 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.