

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
- 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.

11. What is the basis for driver(s) pay? Hourly _____ Trip _____ Mileage _____ Other, explain _____
12. Are drivers covered by workers compensation? Yes No Minimum years driving experience required _____
13. Are vehicles owner-driven only? Yes No Do you agree to report all newly hired operators? Yes No
14. Are drivers ever allowed to take vehicles home at night? Yes No If yes, will family members drive? Yes No
15. 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 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 Railroad Employees (a) For Profit (b) Not For Profit Farm Labor Bus (c) For Profit (d) Not For Profit Other (e) For Profit (f) Not For Profit ICB Inter-City Bus (attach route scheduled) L Limousine (a) Transportation to Airport ≥ 50% (b) Super-Stretch (> 120") (c) Regular	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	
						<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

16. 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
/ /	/ /									
/ /	/ /									
/ /	/ /									

- 17. 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 _____
- 18. Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes No
If yes, explain _____
- 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. Are vehicles equipped with fare box or meter? Yes No Do you have a scheduled route? Yes No
- 22. Do you ever transport unscheduled passengers? Yes No Minimum number of hours rented _____ Minimum charge _____
- 23. Number of Vehicles Owned: Limos _____ Vans _____ Buses _____ Other _____
- 24. Number of Vehicles Leased: Limos _____ Vans _____ Buses _____ Other _____

FILING INFORMATION

- 25. Is an FHWA filing required? Yes No If yes, MC number _____
What authority do you have? Broker Common Contract
- 26. If you hold a broker's license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____
- 27. If you are an interstate regulated carrier, identify your registration or base state _____
- 28. Is an intrastate filing needed? Yes No If yes, show state and permit number _____
- 29. Show exact name and address in which permits are issued _____
- 30. Is MCS 90 endorsement needed? Yes No
- 31. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____
- 32. Do you enter Canada? Yes No Do you enter Mexico? Yes No If yes, where _____

- 33. Have you ever changed your operating name? Yes No Do you operate under any other name? Yes No
- 34. Do you operate as a subsidiary of another company? Yes No
- 35. Do you own or manage any other transportation operations that are not covered? Yes No
- 36. Do you lease your authority? Yes No Do you appoint agents or hire independent contractors to operate on your behalf? Yes No
- 37. Have you purchased, sold or applied for authority over the past 3 years? Yes No
- 38. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? Yes No
- 39. Is evidence/certificate(s) of coverage required? Yes No
- 40. Please explain any "yes" answer to Questions 34 through 40 _____

- 41. 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
- 42. Do you barter, hire or lease any vehicles? Yes No If yes, explain _____
- 43. Additional comments: _____

STATE OF LOUISIANA

This form may not be altered or modified.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured/Underinsured Motorists Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance that pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. _____ **I select UMBI Coverage** which provides compensation for economic and non-economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
Initials
\$ _____ each person
\$ _____ each accident/occurrence | **OR** \$ _____ each accident/occurrence
2. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
Initials
3. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
Initials
\$ _____ each person
\$ _____ each accident/occurrence | **OR** \$ _____ each accident/occurrence
4. _____ **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI coverage** for losses arising from an accident caused by an uninsured/underinsured motorist.
Initials

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.



Signature of Named Insured or Legal Representative



Print Name



Date

**THE NATIONAL INDEMNITY GROUP OF
INSURANCE COMPANIES**

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.