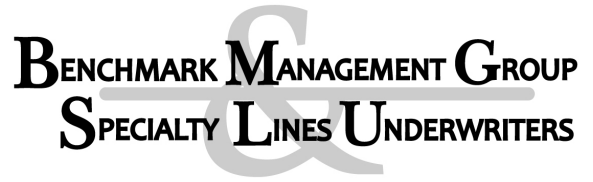


# Public Application

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		Property Damage			
	Bodily Injury					
	Per Person	Per Accident	Per Accident			

UNINSURED MOTORIST COVERAGE			
Single Limit	Split Limits		Uninsured Motorist Property Damage
	Bodily Injury		
	Per Person	Per Accident	
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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. 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 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							

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 broker's 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

## ILLINOIS UNINSURED AND UNDERINSURED MOTORIST SELECTION FORM

**Uninsured Motorist Coverage** provides you protection when you are legally entitled to recover damages for bodily injury or death, caused by the owner of an uninsured auto.

**Underinsured Motorist Coverage** provides you protection when you are legally entitled to recover damages for bodily injury or death, caused by the owner of an auto which was insured at the time of loss, but whose limits of Bodily Injury Liability Coverage are less than you are legally entitled to recover, as the injured party.

These additional Coverages are required to be part of your auto policy at limits equal to the minimum limits required by the State Financial Responsibility Law. They are, however, available to you at any limits up to the Bodily Injury Liability Coverage limits of your policy, at additional premium.

To be certain that your policy is issued correctly, please indicate your choice concerning the limit desired for this additional coverage ("x" indicates your choice).

### UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

\_\_\_\_\_ Elected with combined single limit of \_\_\_\_\_

\_\_\_\_\_ Elected with split limits of \_\_\_\_\_ / \_\_\_\_\_

In the event none of these options are selected, Uninsured/Underinsured Motorist Bodily Injury coverage will be issued with the same limits as this policy's Bodily Injury liability coverage.


This policy's Bodily Injury Liability Limit is \_\_\_\_\_.

 \_\_\_\_\_

Signature of Named Insured

 \_\_\_\_\_

Date

 \_\_\_\_\_

Signature of Named Insured

 \_\_\_\_\_

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