

# 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	
						<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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GEORGIA  
REJECTION OR SELECTION OF  
UNINSURED MOTORISTS COVERAGE**

The Georgia Insurance Code (Section 33-7-11) permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage or to select a limit of liability higher than the basic financial responsibility limit but not higher than the limit for Liability Coverage in the policy. Uninsured Motorists Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owner or operator of an uninsured motor vehicle because of bodily injury, including death resulting therefrom, and for injury to or destruction of the insured motor vehicle and the personal property owned by the insured which is contained in the insured motor vehicle.

So that we may be certain that your policy is properly issued, it is necessary that you indicate below your choice of Uninsured Motorists Coverage, date and sign the form in the space provided. In the event the policy names more than one Named Insured, all such Named Insureds must sign.

INDICATE BY "X"

- Entire Rejection

The undersigned hereby rejects Uninsured Motorists Coverage.

The undersigned understands and agrees that the provisions of Uninsured Motorists Coverage will not be included in the policy issued.

- OR -

- Uninsured Motorists Coverage to be written at limits of liability equal to Bodily Injury and Property Damage Liability limits being provided.

- OR -

- Uninsured Motorists Coverage to be written at limits of liability lower than the Bodily Injury and Property Damage Liability limits being provided, as indicated below:

<b>Bodily Injury</b>	<b>Property Damage</b>	<b>or</b>	<b>Combined Single Limit</b>
\$ _____ each person	\$ _____ each accident		\$ _____ each accident
\$ _____ each accident			

- OR -

- Uninsured Motorists Coverage to be written subject to the deductible as indicated below:

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> No Deductible | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$500         | <input type="checkbox"/> \$2,000 |

\_\_\_\_\_  
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.

**Named insured:**

**Policy Number:**

## **UNINSURED MOTORISTS COVERAGE NOTICE**

If you have chosen to accept Uninsured Motorists coverage from your automobile insurance company, and have any questions after reading this statement regarding Uninsured Motorists coverage or the amount of coverage you have selected, your agent or company representative will be able to assist you.

You should have chosen the amount of Uninsured Motorists coverage you want based on this question: If I get hit by someone with little or no liability insurance, how much protection do I need to cover the cost associated with car repair, medical bills, other expenses, and lost wages? If the person who hits your automobile has no liability coverage or liability coverage equal to or less than the Uninsured Motorists amount you chose, your total automobile insurance recovery (from all companies involved) may not exceed the amount of Uninsured Motorists coverage you chose.

The purpose of this notice is informational. This notice does not change or replace the wording in your policy.

### **SIGNATURE REQUIRED**



\_\_\_\_\_

Named Insured or Representative (Representing all Insureds)



\_\_\_\_\_

Date Signed

**Please sign and date this form and return it to your insurance agent or representative.**

**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.