

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



Surplus Insurance Brokers Agency Inc.
 Call 800-342-5706
 Fax 800-578-7758 • www.surplusins.com
 Email quotes: submit@surplusins.com
 P O Box 749, South Bend IN 46624-0749

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 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) LLimousine (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 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: _____

INDIANA NOTICE: UNINSURED & UNDERINSURED MOTORIST COVERAGE

UNINSURED MOTORIST COVERAGE OPTIONS

Uninsured Motorist Insurance provides you with protection in the event you are in an accident, through no fault of your own, with another vehicle which was not insured at the time of the accident. Section 27-7-5-1.5 of the Indiana Code does not require an insurer to offer Uninsured Motorist Coverage in connection with the issuance of a commercial liability policy. However, we are willing to make available Uninsured Motorist Coverage at limits equal to your policy Bodily Injury Liability Coverage limits or one million dollars (\$1,000,000), whichever is less, but not less than the Indiana Financial Responsibility limits. You may purchase Property Damage Uninsured Motorist Coverage only if you have purchased Bodily Injury Uninsured Motorist Coverage. This Coverage is subject to either a \$300 per occurrence deductible or no deductible and may be purchased at any limits up to your policy Property Damage Liability Coverage limits.

Please indicate your choice ("X" indicates your choice) of the options available. Then sign and date this form as acknowledgement of your selections.

- 1. I do not want Uninsured Motorist Coverage.
- 2. I want Bodily Injury Uninsured Motorist Coverage equal to my policy Bodily Injury Liability Coverage limits. Note that Uninsured Motorist Coverage limits will not be more than \$1,000,000.
- 3. I want Bodily Injury Uninsured Motorists Coverage at split limits of \$_____ per person, \$_____ per accident or a single limit of \$_____ per accident. Note that Uninsured Motorist Coverage limits will not be more than \$1,000,000.
- 4. I want Bodily Injury and Property Damage Uninsured Motorist Coverage equal to my policy Bodily Injury Liability Coverage and Property Damage Coverage limits. Note that Uninsured Motorist Coverage limits will not be more than \$1,000,000.
Property Damage Uninsured Motorist Coverage Deductible: \$300 Deductible No Deductible
- 5. I want Bodily Injury and Property Damage Uninsured Motorists Coverage at split limits of \$_____ per person, \$_____ per accident, and \$_____ property damage, or a single limit of \$_____ per accident. Note that Uninsured Motorist Coverage limits will not be more than \$1,000,000.
Property Damage Uninsured Motorist Coverage Deductible: \$300 Deductible No Deductible

UNDERINSURED MOTORIST COVERAGE OPTIONS

Underinsured Motorist Insurance provides you with protection in the event you are in an accident, through no fault of your own, with another vehicle which was insured at the time of the accident but afforded limits of liability lower than the limits afforded by your Underinsured Motorist Coverage limits. Section 27-7-5-1.5 of the Indiana Code does not require an insurer to offer Underinsured Motorist Coverage in connection with the issuance of a commercial liability policy. However, we are willing to make available Underinsured Motorist Coverage at limits equal to your policy Bodily Injury Liability Coverage limits or one million dollars (\$1,000,000), whichever is less, but not less than \$50,000.

- 1. I do not want Bodily Injury Underinsured Motorist Coverage.
- 2. I want Bodily Injury Underinsured Motorist Coverage equal to my policy Bodily Injury Liability Coverage limits. Note that Underinsured Motorist Coverage limits, if selected, will not be more than \$1,000,000 and may not be less than \$50,000.
- 3. I want Bodily Injury Underinsured Motorist Coverage at split limits of \$_____ per person, \$_____ per accident or a single limit of \$_____ per accident. Note that Underinsured Motorist Coverage limits, if selected, will not be more than \$1,000,000 and may not be less than \$50,000.

Date Signed

Signature of Named Insured (Representing all Insureds)

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.

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.