

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	ME
1			AB Airport Bus or Van	ME Musician & Entertainer Bus
2			APS Airport Parking/Rental Car Shuttle	(a) Professional Entertainer
3			AT Athlete Bus (a) Professional Athlete	(b) Non-Professional Entertainer
4			(b) Non-Professional Athlete	MV Medivan/Medical Transport/Non-Emergency Ambulance
5			BB Bingo/Casino Bus	(a) For Profit (b) Not For Profit
6			SBG Boy/Girl Scout Bus	PT Prisoner Transfer
7			CB Charter Bus (a) Interstate (b) Intrastate	SB School Bus (a) Public Owned (b) Other
8			CHB Church Bus	(c) Private or Parochial Owned
9			CTB City Transit Bus (Urban Bus)	SC Senior Citizens Center Auto
10			CRB Courtesy Bus (a) Hotel (b) Medical (c) Other	SH Shuttle (a) Tourist (b) Wilderness
			DC Day Care/Day Nursery	(c) All Other
			ET Employee Transportation	SSB Sightseeing Bus
			Railroad Employees (a) For Profit (b) Not For Profit	SKB Ski Bus
			Farm Labor Bus (c) For Profit (d) Not For Profit	SSA Social Service Agency (a) Group Home (b) Other
			Other (e) For Profit (f) Not For Profit	TX Taxicab
			ICB Inter-City Bus (attach route scheduled)	TM Tram
			L Limousine (a) Transportation to Airport ≥ 50%	T Trolley
			(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	Collision
1						<input type="checkbox"/> Spec. C of Loss	
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: _____

**OREGON NOTICE
REGARDING UNINSURED MOTORISTS COVERAGE
(Including Underinsured Motorists Coverage)**

Bodily Injury Uninsured Motorists Coverage provides protection for persons insured under a motor vehicle liability policy, who are legally entitled to recover damages because of bodily injury or death, from the owner or operator of an uninsured motor vehicle. This coverage is provided at limits equal to the minimum limits required by the state financial responsibility law along with the motor vehicle liability insurance requested.

Underinsured Motorists Coverage is provided if Uninsured Motorists Coverage is purchased at limits greater than the minimum financial responsibility limits required by law. Underinsured Motorists Coverage includes coverage for damages or death caused by accident and arising out of the ownership, maintenance or use of a motor vehicle that is insured for an amount that is less than your uninsured motorist coverage limits.

UNINSURED MOTORISTS COVERAGE PURCHASE OPTIONS ("X" indicates your choice)

I understand that my Bodily Injury Uninsured Motorists Coverage will be equal to the Liability Limits of my policy **unless** I select lower limits, but not less than Oregon's Financial Responsibility limits.

I wish to have the Bodily Injury Uninsured Motorists Coverage remain at the Liability limits of my policy which are \$_____ per person and \$_____ per accident for split limits of liability or \$_____ per accident for single limit liability coverage.

The price for this coverage is \$_____.

I wish to purchase Bodily Injury Uninsured Motorists Coverage at the minimum financial responsibility limits required by law of \$25,000 per person and \$50,000 per accident for split limits of liability or \$50,000 per accident for single limit liability coverage.

The price for this coverage is \$_____.

I wish to purchase Bodily Injury Uninsured Motorists Coverage at limits lower than the Liability limits of my policy, but not less than the financial responsibility limits required by law, at \$_____ per person and \$_____ per accident for split limits of liability or \$_____ per accident for single limit liability coverage.

The price for this coverage is \$_____.

DO NOT COMPLETE THE FOLLOWING PROPERTY DAMAGE SELECTIONS UNLESS INSURING PRIVATE PASSENGER MOTOR VEHICLES

If your vehicle is a "Private Passenger Motor Vehicle" you may purchase Property Damage Uninsured Motorists Coverage for an additional premium at a limit of \$10,000. "Private Passenger motor vehicle" means a four wheel passenger station wagon type motor vehicle not more than 12 years old and not used as a public or livery conveyance, and includes any other four wheel vehicle of the utility, pickup body, sedan delivery, or panel truck type not used for wholesale or retail delivery. This coverage is subject to a deductible of \$300 if a hit-and-run or phantom vehicle is involved or a deductible of \$200 if a vehicle other than a hit-and-run or phantom is involved.

I understand that I have the option to purchase \$10,000 Property Damage Uninsured Motorists Coverage on any Private Passenger Motor Vehicles I insure.

I wish to purchase Property Damage Uninsured Motorists Coverage at \$10,000.

I do not wish to purchase any Property Damage Uninsured Motorists Coverage.

Signature of Named Insured (Representing all Insureds)

Date Signed

Until you advise us otherwise in writing, your choice as indicated above will continue regardless of any addition to or deletion of any scheduled Autos and will be carried forward on all future renewal policies without additional notice unless the bodily injury liability limits of the policy are changed.

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.