

Public Application (1-10 Autos/Vehicles) Including Taxis and Limousines

- NATIONAL INDEMNITY COMPANY
- NATIONAL FIRE & MARINE INSURANCE COMPANY
- COLUMBIA INSURANCE COMPANY
- NATIONAL LIABILITY & FIRE INSURANCE COMPANY
- NATIONAL INDEMNITY COMPANY OF MID-AMERICA

1. Name _____

2. Address (Not a PO Box) _____

3. City & State _____ Zip _____

4. Phone Number _____

5. Garaging Location(s) _____

6. Person to contact for inspection (name and phone number) _____

Status of Submission: Quote Bind at earliest possible date
 Issue policy from _____ to _____

Applicant's Representative _____ Phone No. _____

- Individual/Proprietorship Partnership Corporation Other

DESCRIPTION OF OPERATIONS

7. Business _____ Years experience _____ New Venture? Yes No

8. Is this your primary business? Yes No If no, explain _____

9. Have you ever filed under Chapter 11 or Bankruptcy? Yes No If yes, when _____ Explain _____

10. Do you operate in more than one state? Yes No Is your business for hire/for profit? Yes No

11. Gross receipts last year _____ Estimate for coming year _____ Business for sale? Yes No

INSURANCE NEEDS - Complete for desired coverages by indicating limits of insurance

Combined Single Limit BI & PD	LIABILITY			Medical Payments	Personal Injury Protection
	Split Limits				
	Bodily Injury	Property Damage			
	Each Person	Each Accident	Each Accident		

IF PHYSICAL DAMAGE COVERAGE DESIRED -
REFERR TO FOLLOWING PAGE.

IF HIRED, NON-OWNED COVERAGE IS DESIRED,
COMPLETE FORM M-4055.

UNINSURED (UNDERINSURED) - Must be signed by Applicant - This coverage provides protection for persons who are entitled to recover damages because of bodily injury (including resulting death) or damage to property (property damage) from an owner or operator of an uninsured motor vehicle, or an insured motor vehicle, whose Liability Coverage limits are less than the insured person's Uninsured Motorists Coverage limits.

- Basic Limits Bodily Injury ONLY Accepted as follows: _____
- Basic Limits Bodily Injury & Property Damage Accepted as follows: _____
- Policy Limits Bodily Injury ONLY Accepted
- Policy Limits Bodily Injury & Property Damage Accepted
- Other Limits Accepted (not to exceed policy limits) as follows: _____
- Entire Rejection

Single Limit	Split Limits		
	Bodily Injury		Property Damage
	Each Person	Each Accident	Each Accident

Property Damage Uninsured Motorists Coverage subject to a \$250 deductible

REJECTION OF PERSONAL INJURY PROTECTION

In accordance with the provision of Article 5.06-3 of the Texas Insurance Code which permits the insured named in the policy to reject the Personal Injury Protection Coverage, the undersigned (and each of them) does hereby reject such coverage.

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.

Applicant's Signature _____ Date _____

SIGNATURE IS ALSO REQUIRED ON BACK OF APPLICATION

UM-TX (7/94)

DRIVER INFORMATION - if additional space is needed, attach separate listing

Driver's Name	Date of Birth	State	Driver's Licenses Number	Type of License (CDL left 4/92; other)	Type of Unit (Bus, Van, etc.)	Years Licensed
1.						
2.						
3.						
4.						
5.						

No. Years Previous Commercial Driving Experience	Date of Employment	Number of Accidents and Moving Traffic Violations in Past 5 Years			(A) Convictions for DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/Revoked, Speed Contest or any other felony (B) Date	Co. Emp. (C) Ind. Cont. (IC) Owner/Operator (O/O) Franchisee (F)	Married (Y or N)
		Number of Accidents	Number of Violations	Date of Accident/Viol.			

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

12. Are drivers covered by Workers Compensation? Yes No If yes, name of carrier _____
13. Minimum years driving experience required _____ Are vehicles owner-driven only? 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 MVR's on all drivers prior to hiring? Yes No Driver's maximum driving hours _____ daily, _____ weekly
16. Do you agree to report all newly hired operators? Yes No

LOSS EXPERIENCE - Provide prior insurance carrier information for past full three years

Policy Term		Insurance Company Name	Policy Number	# of Motor Powered Vehicles	# of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To					Liab	Phys Dam	BI	PD	Coll	Other
/ /	/ /										
/ /	/ /										
/ /	/ /										

17. Have you ever had insurance with one of the companies listed on the previous page of application? Yes No If yes, give policy number and date _____
18. Have you ever been declined, cancelled or nonrenewed for this kind of insurance? Yes No If yes, date and why _____
19. 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 _____

SCHEDULE OF AUTOS/VEHICLES (Describe all vehicles for which application is made for insurance)

No.	Model Year	Trade Name	Body Type	VIN or Serial # (last 5 digits for all states except AZ & LA)	Length of Stretch for Limousine	Orig. Mfg. Seating Cap.	Principal Garaging Location (Territory)	Radius of Operation (Miles)	Estimated Annual Mileage Per Vehicle	Anti-Lock Brakes (A), Air Bags (B), Handicapped Equipment (C) or Anti-Theft Devices (D)	If Lessor to be Added as Additional Insured Show Name of Lessor for Each Vehicle	Purpose of Use (See Symbols, e.g. L(a) for Airport Limousine)
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

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 _____

SYMBOL MUST BE SELECTED FOR EACH INDIVIDUAL UNIT

AB	Airport Bus or Van (803)	ME	Musician & Entertainer Bus a) Professional Driver (817) b) Non-Professional Driver (845)
APS	Airport Parking/Rental Car Shuttle (836)	MV	Medivan/Medical Transportation/Non-Emergency Ambulance a) For Profit (1631) b) Not For Profit (1607)
AT	Athlete Bus a) Professional Driver (816) b) Non-Professional Driver (844)	PT	Prisoner Transfer (842 & 843)
BB	Bingo/Casino Bus (846)	SB	School Bus a) Public Owned (820) b) Other (821) c) Private or Parochial Owned (847)
SBG	Boy/Girl Scout Bus (805)	SC	Senior Citizens Bus (807)
CB	Charter Bus a) Interstate (814) b) Intrastate (815)	SH	Shuttle a) Tourist (837) b) Wilderness (837) c) All Other (837)
CHB	Church Bus (822)	SSB	Sightseeing Bus (815)
CTB	City Transit Bus (Urban Bus) (812)	SKB	Ski Bus (829)
CRB	Courtesy Bus a) Hotel (835) b) Other (824)	SSA	Social Service Agency a) Group Home (848) b) Other (808)
DC	Day Care/Day Nursery a) For Profit (831) b) Not For Profit (804)	TX	Taxicab (701)
ET	Employee Transportation a) Railroad Employees (838) b) Van Pool (809) c) All Other (839) d) Farm Labor Bus (810)	TM	Tram (828)
ICB	Inter-City Bus (attach route schedule) (813)	T	Trolley (827)
L	Limousine a) Airport (826) b) Super-Stretch (> 102") c) Regular (801)	OPC	Other Passenger Carrying Auto (840)
		OPB	Other Passenger Carrying Van/Bus (840)
		OA	Other Non-Passenger Carrying Autos

Provide brief detail description of operations _____

PHYSICAL DAMAGE COVERAGES (Complete spaces below in detail for each respective auto/vehicle described above)

Vehicle No.	Date Purchased Mo./Yr.	Purchased New (N) Used (U)	Original Cost New of Chassis, Body & Equip.	If Used, Cost When Purchased	Present Value	Desired Amount of Insurance	Physical Damage Deductible	
							Specified Causes of Loss	Collision
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

26. Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee _____

MUST BE SELECTED FOR EACH UNIT

FILING INFORMATION

- 27. Do you have an Interstate Commerce Commission permit? Yes No If yes, docket number _____ Broker Common Contract
 - 28. If you hold a Brokers license, identify name filed with ICC, ICC docket no. and receipts from brokerage operations _____
 - 29. If you are an interstate regulated carrier, identify your Registration or Base State _____ Is an ICC filing required? Yes No
 - 30. Is an intrastate filing needed? Yes No If yes, show state and permit number _____
 - 31. Show exact name and address in which permits are issued _____
 - 32. Are commodities hauled oversize or overweight? Yes No Are Oversize/Overweight filings needed? Yes No
If yes, show states _____
 - 33. Are escort vehicles towed on return trips? Yes No Is MCS 90 endorsement needed? Yes No
 - 34. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No
 - 35. Does your authority allow for transportation of hazardous commodities? Yes No
 - 36. Do you "allow" others to haul hazardous commodities under your authority? Yes No
- 37. Have you ever changed your operating name? Yes No
 - 38. Do you appoint agents to operate on your behalf? Yes No Do you operate as a subsidiary of another company? Yes No
 - 39. Do you operate under any other name? Yes No Do you lease your authority? Yes No
 - 40. Have you purchased, sold or applied for authority over the past 3 years? Yes No
 - 41. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (ICC, PUC, etc.)? Yes No
 - 42. Is evidence/certificate(s) of coverage required? Yes No
- 43. If the answer is yes to any of the above boxed questions, explain _____
 - 44. Do you have agreements with other carriers for the interchange of equipment or transportation of loads? 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
 - 45. Do you barter, hire or lease any vehicles? Yes No If yes, explain _____

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 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 _____

Applicant's Signature _____ Date _____ Witness _____

Authority of applicant Insured Officer Other, Explain _____

Additional comments: _____

