

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

# KENTUCKY NO-FAULT COVERAGE SELECTION/REJECTION FORM

**(This form need only be completed when applicant wishes to elect additional Personal Injury Protection benefits or desires to reject No-Fault in its entirety.)**

Coverage Desired:

- Basic Personal Injury Protection \$10,000 - No Deductible
- Optional Additional PIP Benefits - Option No. \_\_\_\_\_  
(Available only for Individually Named Insureds)

Important: The following questions must be answered

Kentucky No-Fault Rejection Form KY-NF-1 (1/75) has been made available to the Insured  Yes  No

Insured &/or members of household has chosen to reject No-Fault Coverage and Form KY-NF-1 has been filed with the Kentucky Insurance Department  Yes  No

No-Fault Rejection is on file with Kentucky Insurance Department  Yes  No

If yes, exact status of filing and date filed: \_\_\_\_\_  
(Rejection applies for a period of five years, except it may be revoked in writing.)

**KENTUCKY**

**SELECTION/REJECTION OF UNINSURED AND/OR UNDERINSURED MOTORISTS COVERAGE**

Uninsured Motorists Coverage provides for the protection of persons insured under the policy who would legally be entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom, as indicated in the Statutes and/or Underinsured Motorists Coverage which provides protection for damages incurred which exceed the limit of liability coverage carried by the driver of a vehicle who injures you in an automobile accident.

Uninsured Motorists (UM) Coverage and/or Underinsured Motorists (UIM) Coverage must be offered at limits of your choice.

To be certain that this policy is issued correctly, please indicate your choice ("X" indicates your choice) of the options available, then sign and date this form as acknowledgment of your choice.

**UNINSURED MOTORISTS SELECTION**

- Reject Uninsured Motorists Coverage entirely;
- Elect to purchase Uninsured Motorists Coverage at limits of liability indicated below, which do not exceed your policy's Bodily Injury Liability limits:

BI Split Limits

**OR**

Bodily Injury Combined Single Limit

- 25/50 (min. required by law)
- \$ \_\_\_\_\_ per person
- \$ \_\_\_\_\_ per accident (optional limit)

- 60,000 (min. required by law)
- \$ \_\_\_\_\_ per accident (optional limit)

**UNDERINSURED MOTORISTS SELECTION**

- Reject Underinsured Motorists Coverage entirely;
- Elect to purchase Underinsured Motorists Coverage at the same limits of liability as selected for Uninsured Motorists Coverage above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

