

ALABAMA Special Types Application

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

Horner Insurance Services, Inc.
5101 Wheelis Drive
Suite 214
Memphis, TN 38117
(901)684-4570 FAX: (901)684-4565

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			
	Per Person	Per Accident	Per Accident			

UNINSURED MOTORIST COVERAGE

Single Limit	Split Limits	
	Bodily Injury	
	Per Person	Per Accident

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. Does applicant have attendant's E&O coverage? Yes No
13. What is the basis for driver(s) pay? Hourly _____ Trip _____ Mileage _____ Other, explain _____
14. Are drivers covered by workers compensation? Yes No Minimum years driving experience required _____
15. Are vehicles owner-driven only? Yes No Do you agree to report all newly hired operators? Yes No
16. Are drivers ever allowed to take vehicles home at night? Yes No If yes, will family members drive? Yes No
17. Do you order MVRs 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	Emergency Lights & Sirens (Yes or No)	ALS Advanced Life Support	BLS Basic Life Support	BV Box Van	CP Cherry Picker	CV Cargo Van	F Flower Car	H Hearse	L Limo	LT Ladder Truck	MTA Medical Transportation	OR Off Road Auto	OV Other Van	PC Police Car	PPT Private Passenger Type	PT Pumper Truck	PU Pick Up	PV Passenger Van	RT Rescue Truck	SP Snow Plow	SS Street Sweeper	ST Semi-Trailer	T Truck	TA Transfer Ambulance	TR Traller	TT Truck Tractor	UT Utility Trailer	WT Water Truck	Other, describe _____	
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							

18. Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee for each vehicle _____

19. Is the transportation of people your primary business? Yes No Are vehicles leased to drivers? Yes No
20. Do you transport physically disabled individuals? Yes No If yes, what percentage of the time _____ %
21. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____
22. Number of Vehicles Owned by You: Ambulances _____ Wheel Chair Vans _____ Priv. Pass. Types _____ Fire Trucks _____
Rescue Trucks _____ Police Cars _____ Hearses _____ Limos _____ Other _____
23. Number of Vehicles Leased to You: Ambulances _____ Wheel Chair Vans _____ Priv. Pass. Types _____ Fire Trucks _____
Rescue Trucks _____ Police Cars _____ Hearses _____ Limos _____ Other _____

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
/ /	/ /									
/ /	/ /									
/ /	/ /									

24. 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 _____
25. Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes No
If yes, explain _____

OPERATION INFORMATION — Complete only those sections relating to your operations.

- AMBULANCE AND MEDICAL TRANSPORTATION VEHICLES**
26. Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? Yes No
If yes, show auto numbers from schedule _____
27. Do autos without lights and sirens have stretchers or gurneys? Yes No If yes, show auto numbers from schedule _____
28. How is gurney or wheelchair securely clamped for transportation? _____
29. Any autos operated 24 hours per day? Yes No If yes, show auto numbers from schedule _____
30. Is special driver training given? Yes No If yes, explain _____
31. What methods and qualifications are used for driver selection? _____
32. Are you the primary response unit for emergency (911) calls? Yes No
33. What percent of your ambulance dispatches are: Emergency (Code 3 or 4)? _____ % Non-Emergency (Code 1 or 2)? _____ %
34. What procedure is required of drivers as they approach a red light? _____
35. Is your operation privately owned? Yes No
36. If privately owned, are you affiliated with a taxi or other transportation company? Yes No If yes, explain _____

- DRIVER TRAINING PROGRAMS**
37. Is operation part of a school curriculum? Yes No Is classroom instruction given? Yes No
38. Are all driver training autos equipped with dual brakes? Yes No If no, identify by auto number from schedule any that do not have dual brakes: _____
39. Are autos equipped with any other dual controls? Yes No If yes, explain _____
40. Is there any personal use of the automobiles? Yes No

- FIRE DEPARTMENTS**
41. Is your operation owned by a municipality? Yes No
42. What procedure is required of drivers as they approach a red light? _____
43. Is special driver training given? Yes No What methods are used for driver selection? _____
44. Are volunteers allowed to drive? Yes No If yes, is the same driver selection and special training used? Yes No
45. Do ladder truck drivers have special training? Yes No How many runs/calls are made per year per fire truck? _____
46. Is your operation volunteer? Yes No

- FUNERAL DIRECTORS**
47. Are hearses also used as ambulances? Yes No If yes, what percent is ambulance _____ %
48. Are limousines used for other purposes? Yes No If yes, explain and show percentage _____

LAW ENFORCEMENT AGENCIES

49. Are officers given training in defensive driving? Yes No Are officers given training in high-speed and pursuit driving? Yes No
50. What procedure is required of drivers as they approach a red light? _____

SECURITY PATROLS

51. Do vehicles operate 24 hours a day? Yes No Any special training? Yes No Are weapons carried? Yes No
52. Percentage of surveillance _____% Patrolling _____%

53. Additional comments _____

FILING INFORMATION

54. Is an FHWA filing required? Yes No If yes, MC number _____
What authority do you have? Broker Common Contract
55. If you hold a broker's license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____
56. If you are an interstate regulated carrier, identify your registration or base state _____
57. Is an intrastate filing needed? Yes No If yes, show state and permit number _____
58. Show exact name and address in which permits are issued _____
59. Is MCS 90 endorsement needed? Yes No
60. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____
61. Do you enter Canada? Yes No Do you enter Mexico? Yes No If yes, where _____

62. Have you ever changed your operating name? Yes No Do you operate under any other name? Yes No
63. Do you operate as a subsidiary of another company? Yes No
64. Do you own or manage any other transportation operations that are not covered? Yes No
65. Do you lease your authority? Yes No Do you appoint agents or hire independent contractors to operate on your behalf? Yes No
66. Have you purchased, sold or applied for authority over the past 3 years? Yes No
67. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? Yes No
68. Is evidence/certificate(s) of coverage required? Yes No
69. Please explain any "yes" answer to Questions 62 through 68 _____

70. 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
71. Do you barter, hire or lease any vehicles? Yes No If yes, explain _____
72. Additional comments _____

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 Federal Highway Administration 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.

REJECTION OF UNINSURED MOTORISTS COVERAGE
ALABAMA

Act No. 866, Alabama Law 1965, provides that, unless rejected by the named insured, Uninsured Motorists Coverage must be provided, in limits set forth in the law, in or supplemental to all automobile or motor vehicle liability policies delivered or issued for delivery in Alabama with respect to any motor vehicle registered or principally garaged in Alabama and insuring against loss resulting from liability imposed by law for bodily injury or death suffered by any person arising out of the ownership, maintenance or use of a motor vehicle. Such Uninsured Motorists Coverage is the coverage provided for the protection of persons insured under the policy who would be legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease including death resulting therefrom.

In accordance with the provision that Uninsured Motorists Coverage may be rejected, the undersigned does hereby reject such coverage.

The undersigned understands and agrees that the provisions of the Uninsured Motorists Coverage will not be included in the policy issued to them and waives any protection of the Alabama Statutes in that respect.



Signature



Date

Until you advise us otherwise in writing, your rejection, 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.