

LOUISIANA

Public 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 _____ Now 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
- 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		Uninsured Motorist Economic Loss Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Uninsured Motorist Property Damage <input type="checkbox"/> Yes <input type="checkbox"/> No
	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.

11. What is the basis for driver(s) pay? Hourly _____ Trip _____ Mileage _____ Other, explain _____
12. Are drivers covered by workers compensation? Yes No Minimum years driving experience required _____
13. Are vehicles owner-driven only? Yes No Do you agree to report all newly hired operators? 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 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	Org. 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	ME Muscman & Entertainer Bus
1			APS Airport Parking/Rental Car Shuttle	(a) Professional Entertainer
2			AT Athlete Bus (a) Professional Athlete (b) Non-Professional Athlete	(b) Non-Professional Entertainer
3			BB Bingo/Casino Bus	MV Medivan/Medical Transport/Non-Emergency Ambulance
4			SBG Boy/Girl Scout Bus	(a) For Profit (b) Not For Profit
5			CB Charter Bus (a) Interstate (b) Intrastate	PT Prisoner Transfer
6			CHB Church Bus	SB School Bus (a) Public Owned (b) Other (c) Private or Parochial Owned
7			CTB City Transit Bus (Urban Bus)	SC Senior Citizens Center Auto
8			CRB Courtesy Bus (a) Hotel (b) Medical (c) Other	SH Shuttle (a) Tourist (b) Wilderness (c) All Other
9			DC Day Care/Day Nursery	SSB Sightseeing Bus
10			ET Employee Transportation	SKB Ski Bus
			Railroad Employees (a) For Profit (b) Not For Profit	SSA Social Service Agency (a) Group Home (b) Other
			Farm Labor Bus (c) For Profit (d) Not For Profit	TX Taxicab
			Other (e) For Profit (f) Not For Profit	TM Tram
			ICB Inter-City Bus (attach route scheduled)	T Trolley
			L Limousine (a) Transportation to Airport ≥ 50% (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							
2							
3							
4							
5							
6							
7							
8							
9							
10							

16. 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
/ /	/ /									
/ /	/ /									
/ /	/ /									

17. 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 _____
18. Is the transportation of people your primary business? Yes No Are vehicles leased to drivers? Yes No
19. Do you transport physically disabled individuals? Yes No If yes, what percentage of the time? _____ %
20. Are vehicles equipped with fare box or meter? Yes No Do you have a scheduled route? Yes No
21. Do you ever transport unscheduled passengers? Yes No Minimum number of hours rented _____ Minimum charge _____
22. Number of Vehicles Owned: Limos _____ Vans _____ Buses _____ Other _____
23. Number of Vehicles Leased: Limos _____ Vans _____ Buses _____ Other _____

FILING INFORMATION

24. Is an FHWA filing required? Yes No If yes, MC number _____
What authority do you have? Broker Common Contract
25. If you hold a broker's license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____
26. If you are an interstate regulated carrier, identify your registration or base state _____
27. Is an intrastate filing needed? Yes No If yes, show state and permit number _____
28. Show exact name and address in which permits are issued _____
29. Is MCS 90 endorsement needed? Yes No
30. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____
31. Do you enter Canada? Yes No Do you enter Mexico? Yes No If yes, where _____
32. Have you ever changed your operating name? Yes No Do you operate under any other name? Yes No
33. Do you operate as a subsidiary of another company? Yes No
34. Do you own or manage any other transportation operations that are not covered? Yes No
35. Do you lease your authority? Yes No Do you appoint agents or hire independent contractors to operate on your behalf? Yes No
36. Have you purchased, sold or applied for authority over the past 3 years? Yes No
37. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? Yes No
38. Is evidence/certificate(s) of coverage required? Yes No
39. Please explain any "yes" answer to Questions 32 through 38 _____

40. 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
41. Do you barter, hire or lease any vehicles? Yes No If yes, explain _____
42. 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 _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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.

STATE OF LOUISIANA

This form may not be altered or modified.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured/Underinsured Motorists Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance that pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. _____ I **select UMBI Coverage** which provides compensation for economic and non-economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:

\$ _____ each person
 \$ _____ each accident/occurrence

| OR

\$ _____ each accident/occurrence

2. _____ I **select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.

3. _____ I **select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:

\$ _____ each person
 \$ _____ each accident/occurrence

| OR


\$ _____ each accident/occurrence

4. _____ I **do not want UMBI Coverage**. I understand that I **will not be compensated through UMBI coverage** for losses arising from an accident caused by an uninsured/underinsured motorist.

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

 _____
 Signature of Named Insured or Legal Representative

 _____
 Print Name

 _____
 Date

**THE NATIONAL INDEMNITY GROUP OF
INSURANCE COMPANIES**