

Public Auto Application (Physical Damage Only)

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: _____

1. Name of Applicant _____
2. Address of Applicant _____
 (Number) (Street) (City) (State) (Zip Code)
3. Applicant is: Individual Partnership Corporation Is this a new business venture? _____
4. Person to contact for inspection (name and phone number) _____
5. a. Applicant's business to be covered? _____ Years experience in this business? _____
 b. Is this your primary business? Yes No If no, explain: _____
6. Is your operation: Government funded Yes No Seasonal in nature Yes No
 Currently for sale Yes No Non-Profit Yes No
 If yes, explain _____
7. Coverage to be effective from: _____ to: _____
8. Gross receipts last year? _____ Estimate for coming year? _____

DESCRIPTION AND AREA OF OPERATIONS

9. Number of vehicles owned and/or leased: Limos _____ Vans _____ Buses _____ Other _____
10. Provide brief detail description of operations (including use of vehicles) _____

PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE

11. Provide prior insurance carriers information for past full three years. List in order with most recent carrier first.

| Policy Term | | Insurance Company Name | Policy Number | Number of Motor Powered Vehicles | Number of Accidents | Premium Physical Damage | Total Amount Claims Paid & Reserve | |
|-------------|-----|------------------------|---------------|----------------------------------|---------------------|-------------------------|------------------------------------|--------------------------|
| From | To | | | | | | Collision | Specified Causes of Loss |
| / / | / / | | | | | | | |
| / / | / / | | | | | | | |
| / / | / / | | | | | | | |

DRIVER INFORMATION

12. What is minimum years driving experience you require? _____
13. Do you hire any part-time drivers? Yes No 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 be allowed to drive? Yes No
15. During the last 12 months, how many drivers have there been for the vehicles you operate? _____
16. **SCHEDULE OF ALL DRIVERS NOW EMPLOYED (If not enough space, attach separate listing)**

| Driver's Name | Date of Birth | Driver License Number | States Where Licensed | No. Years Previous Commercial Driving Experience | Date of Hire | Co. Emp. (C) Ind. Cont. (IC) Owner/Operator (O/O) Franchisee (F) | Married (Y or N) | List All Violations/Convictions in Past 5 Years | List All Accidents in Past 3 Years |
|---------------|---------------|-----------------------|-----------------------|--|--------------|--|------------------|---|------------------------------------|
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| | | | | | | | | | |
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| | | | | | | | | | |

17. Does any driver listed have any convictions such as DWI/DUI of alcohol or drugs, license suspensions for moving violations, felonies, hit and run, eluding an officer, reckless/negligent operation of a vehicle, driving while under suspension or revocation or other violations not listed above? Yes No If yes, describe (including dates) _____
18. Driver's pay scale is (check all that apply): Union Non-Union Hourly Trip Mileage
 Other, explain: _____
19. (a) Driver's maximum hours driving: _____ daily, _____ weekly
 (b) Driver's maximum hours on duty: _____ daily, _____ weekly

20. SCHEDULE OF AUTOS/VEHICLES TO BE COVERED

| Auto/ Vehicle No. | Model Year | Trade Name | Body Type | Serial No. (S) Vehicle ID No. (VIN) | Original Mfg. Seating Capacity | Limos - Length of Stretch To 60" (A) Over 60" (B) Over 102" (C) | Principal Garaging Location | Radius of Operation (miles) | Estimated Annual Mileage Per Vehicle | Anti-Lock Brakes (A), Air Bags (B), Lifts (C), or Other Handicapped Equipment (D) |
|-------------------------|---------------|------------|-----------|--|---|---|-----------------------------------|-----------------------------------|--|--|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

21. PHYSICAL DAMAGE COVERAGES DESIRED (complete spaces below in detail for each respective auto/vehicle described above.)

| Auto/ Vehicle No. | Original Cost New of Chassis, Body & Equip. | Date Purchased Mo/Yr | Purchased New (N) Used (U) | Cost When Purchased | Present Value | Amount of Insurance | Specified Causes of Loss | | Collision | |
|-------------------------|--|----------------------------|----------------------------------|------------------------|---------------|------------------------|--------------------------|------------|------------------------|------------|
| | | | | | | | Amount of Insurance | Deductible | Amount of Insurance | Deductible |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

22. Any loss payees? Yes No If yes, indicate for which vehicle(s) and give name and address of loss payees: _____

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. _____