

Louisiana 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

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				
	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	ME Musician & 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 <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: _____

State of Louisiana

This form was promulgated pursuant to LSA - R.S. 22:680. 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 which 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.

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 3 and 4 below as "Not Available.")

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 will compensate me for my economic and non-economic losses with
initials the same limits as my Bodily Injury Liability Coverage.

Economic losses are those which 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, and mental anguish and other non-economic damages otherwise recoverable under the laws of this state.
2. _____ I select **UMBI Coverage** which will compensate me for my economic and non-economic losses with
initials **limits lower** than my Bodily Injury Liability Coverage limits:

\$ _____ each person \$ _____ each accident
3. _____ I select **Economic-Only UMBI Coverage** which will compensate me only for my economic losses
initials with the same limits as my Bodily Injury Liability Coverage.
4. _____ I select **Economic-Only UMBI Coverage** which will compensate me only for my economic losses
initials **with limits lower** than my Bodily Injury Liability Coverage limits:

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

SIGNATURE

The choice I made by my initials on this form will apply to all persons insured under my policy. My choice shall apply to the motor vehicles described in the policy and to any replacement vehicles, to all renewals of my policy, and to all reinstatement or substitute policies until I make a written request for a change in my Bodily Injury Liability Coverage or UMBI Coverage.

Named Insured or Legal Representative (Please Print)

Policy Number

Signature of a Named Insured or Legal Representative

Date

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

LOUISIANA NOTICE - Regarding Property Damage Uninsured Motorists Coverage

PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE is available to provide protection for persons who are legally entitled to recover damages because of damage to property (property damage) from an owner or operator of an uninsured motor vehicle.

If you have purchased Bodily Injury Uninsured Motorists Coverage, you may purchase Property Damage Uninsured Motorists Coverage with a \$250 per occurrence deductible. If you choose not to purchase Property Damage Uninsured Motorists Coverage, you must so indicate below.

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

PART I - Rejection

The undersigned hereby rejects Property Damage Uninsured Motorists Coverage.

Until you advise us otherwise in writing, your choice, as indicated above, will continue regardless of any substitute or reinstatement policy issued by us and will be carried forward on all future renewal policies without additional notice.

I hereby warrant, by my signature below, that I have specific authority by any corporation or other party to be named as a named insured to select or reject property damage uninsured/underinsured motorists coverage on behalf of the corporation or other party for whom this selection is made.

Signature of Named Insured

Date

PART II - Selection of Limits - PD

The undersigned wants damage to property in excess of \$250.00 included in the Uninsured Motorists Coverage. (This coverage will not apply if Collision Coverage is provided on the same policy and the operator of the other vehicle is solely at fault.)

(Note: Not available if Bodily Injury Uninsured Motorists Coverage has been rejected. Coverage of loss or damage by collision shall not exceed the actual cash value or \$10,000, whichever is less.)

I hereby warrant, by my signature below, that I have specific authority by any corporation or other party to be named as a named insured to select or reject property damage uninsured/underinsured motorists coverage on behalf of the corporation or other party for whom this selection is made.

Signature of Named Insured

Date

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

