

Louisiana

# Special Types 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		Property Damage			
	Bodily Injury					
	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. 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 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. Sealing 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)						
1			ALS	Advanced Life Support	MTA	Medical Transportation	SP	Snow Plow
2			BLS	Basic Life Support	OR	Off Road Auto	SS	Street Sweeper
3			BV	Box Van	OV	Other Van	ST	Semi-Trailer
4			CP	Cherry Picker	PC	Police Car	T	Truck
5			CV	Cargo Van	PPT	Private Passenger Type	TA	Transfer Ambulance
6			F	Flower Car	PT	Pumper Truck	TR	Trailer
7			H	Hearse	PU	Pick Up	TT	Truck Tractor
8			L	Limo	PV	Passenger Van	UT	Utility Trailer
9			LT	Ladder Truck	RT	Rescue Truck	WT	Water Truck
10								Other, describe _____

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 Brokers 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: \_\_\_\_\_  
\_\_\_\_\_

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

