

Mississippi

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 _____ 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		Uninsured Motorist Property Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Uninsured Motorist Stacking (10+ units only) <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.

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 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

Vch. 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 (a) 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.							
Vch. 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							

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/Coil	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 broker's 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: _____

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.

MISSISSIPPI NOTICE REGARDING UNINSURED MOTORIST COVERAGE

Mississippi Code Annotated § 83-11-101 permits any insured named in the policy to reject Uninsured Motorist Coverage in its entirety, to reject only the property damage portion of Uninsured Motorist Coverage, or to select a limit lower than the limit for Liability Coverage in the policy but not less than minimum financial responsibility limits. Uninsured Motorist Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages for bodily injury or death or property damage from the owners or operators of uninsured motor vehicles.

To be certain that your policy is issued correctly, please indicate your choice of the options available by an "X," then sign, date, and return this form as acknowledgement of your choice. The options that you requested for Uninsured Motorist Coverage are reproduced below. These options determined your policy premium, but you may change them. Changing these options may result in changes to your premium.

The undersigned insured chooses the following:

- I reject Uninsured Motorist Coverage in its entirety.
- I reject Uninsured Motorist Property Damage Coverage only and choose the following Uninsured Motorist Bodily Injury limits which do not exceed my Liability coverage limits*:

Bodily Injury per person: _____

Bodily Injury per accident: _____; or

Bodily Injury Combined Single Limit: _____

- I elect to purchase Uninsured Motorist Coverage including Property Damage at the following limits which do not exceed my Liability coverage limits*:

Bodily Injury per person: _____

Bodily Injury per accident: _____

Property Damage per accident** : _____; or

Combined Single Limit: _____

* Uninsured Motorist Coverage limits may exceed your Liability coverage limits to the extent you are required by Mississippi law to maintain higher limits due to your rejection of stacking Uninsured Motorist Coverage.

** Property Damage Uninsured Motorist Coverage is subject to a \$200 deductible.



Signature of Named Insured or Legal Representative



Date

UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICE INDICATED ABOVE WILL CONTINUE REGARDLESS OF ANY CHANGE TO YOUR AUTO COVERAGE—INCLUDING THE ADDITION OF COVERED AUTOS OR AN INCREASE IN LIABILITY LIMITS—AND WILL BE CARRIED FORWARD TO ANY CONTINUATION, RENEWAL, REINSTATEMENT OR REPLACEMENT POLICY.

MISSISSIPPI NON-STACKING UNINSURED MOTORIST INSURANCE


Mississippi Code 83-11-102 provides for an optional non-stacking uninsured motorist coverage available to an insured under an auto liability policy that covers **ten (10) or more** vehicles. The non-stacking uninsured motorist limits selected shall cover all vehicles listed in the policy and does not apply per vehicle. The selection of this non-stacking coverage imposes a limitation on adding together or stacking of coverages. **If the insured selects the non-stacking uninsured motorist policy, in the event of an accident, the total limit of uninsured motorist coverage available from the policy will be only the one limit previously selected by the insured. It is an alternative to stackable uninsured motorist coverage where the coverage limits for each vehicle may be added together or stacked to determine the total coverage available. While only one limit of uninsured motorist coverage is available from a non-stacking uninsured motorist policy, other limits of uninsured motorist coverage from other policies might be available to add to the single coverage available from the non-stacking uninsured motorist policy depending upon the specific circumstances.**

The minimum limits required under Mississippi law for non-stacking uninsured motorist coverage are ten (10) times the limits required by the Mississippi Motor Vehicle Safety Responsibility Law. Currently, this law requires \$25,000 per person, \$50,000 per accident, and \$25,000 for property damage. Therefore, non-stacking uninsured motorist coverage currently requires a minimum limit of \$250,000 per person, \$500,000 per accident, and \$250,000 for property damage. An increase to the statutory limits under this Law shall increase the minimum limits for non-stacking uninsured motorist coverage accordingly.

I understand the limitations imposed by the non-stacking uninsured motorist policy and that such coverage is an alternative to coverage without such limitation. I further agree that acceptance of this limitation shall apply to any policy from the same insurer, including sister insurers in the same holding company, which renews the coverage, extends the coverage, or changes covered vehicles unless and until I make a written request for a change to stackable uninsured motorist coverage.

Selection of non-stacking uninsured motorist coverage is affirmed by my signature below. I select the following coverages at the limits shown below:

- Non-stackable UM Bodily Injury and UM Property Damage at limits of per person / per accident / property damage.
- Non-stackable UM Bodily Injury coverage (no property coverage) at limits of per person / per accident.
- Non-stackable combined single limit UM coverage (includes Bodily Injury and Property Damage coverage together) at the limit of per accident.

 Date: _____ Policy Number (if available): _____

Applicant Name (print): _____

Address: _____

 Signature of Applicant: _____

Proposed Effective Date of Coverage: _____