

Mississippi

Public Auto Application (Physical Damage Only)

Horner Insurance Services, Inc. 5101 Wheelis Drive Suite 214 Memphis, TN 38117 (901)684-4570 FAX: (901)684-4565

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

Policy Term From: _____ To: _____

- 1. Name of Applicant
2. Address of Applicant
3. Applicant is: Individual Partnership Corporation
4. Person to contact for inspection
5. Applicant's business to be covered?
6. Is your operation: Government funded, Currently for sale, Seasonal in nature, Non-Profit
7. Coverage to be effective from: to:
8. Have you filed for Bankruptcy within the last 5 years...
9. Gross receipts last year? Estimate for coming year?

DESCRIPTION AND AREA OF OPERATIONS

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

PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE

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

Table with columns: Policy Term (From, To), Insurance Company Name, Policy Number, Number of Motor Powered Vehicles, Number of Accidents, Premium Physical Damage, Total Amount Claims Paid & Reserve (Collision, Specified Causes of Loss)

13. Have you ever been declined, cancelled or nonrenewed for this kind of insurance? Yes No If yes, date and why

DRIVER INFORMATION

- 14. What is minimum years driving experience you require?
15. Do you hire any part-time drivers? Are vehicles owner-driven only?
16. Are drivers ever allowed to take vehicles home at night? If yes, will family members be allowed to drive?
17. During the last 12 months, how many drivers have there been for the vehicles you operate?

18. SCHEDULE OF ALL DRIVERS NOW EMPLOYED (If not enough space, attach separate listing)

Table with columns: 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

- 19. 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?
20. Driver's pay scale is (check all that apply): Union Non-Union Hourly Trip Mileage Other, explain:
21. (a) Driver's maximum hours driving: daily, weekly
(b) Driver's maximum hours on duty: daily, weekly

22. 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										

23. 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										

24. 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 _____

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. _____