

# Mississippi Special Types 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                       | Uninsured Motorist Stacking (10+ units only)             |
|--------------|---------------|--------------|--|--|
|              | Bodily Injury |              |  |  |
|              | Per Person    | Per Accident |  |  |
|              |               |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## 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 MVRs on all drivers prior to hiring?  Yes  No Driver's maximum driving hours \_\_\_\_\_ daily \_\_\_\_\_ weekly

| <b>SCHEDULE OF AUTOS/VEHICLES – Describe all vehicles for which application is made for insurance.</b> |            |              |                 |                                    |                         |  |                     |                            |   |
|--|------------|--------------|-----------------|------------------------------------|-------------------------|--|---------------------|----------------------------|---|
| 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 | Emergency Lights & Sirens (Yes or No) | ALS Advanced Life Support | BLS Basic Life Support | BV Box Van | CP Cherry Picker | CV Cargo Van | F Flower Car | H Hearse | L Limo | LT Ladder Truck | MTA Medical Transportation | OR Off Road Auto | OV Other Van | PC Police Car | PPT Private Passenger Type | PT Pumper Truck | PU Pick Up | PV Passenger Van | RT Rescue Truck | SP Snow Plow | SS Street Sweeper | ST Semi-Trailer | T Truck | TA Transfer Ambulance | TR Trailer | TT Truck Tractor | UT Utility Traller | WT Water Truck | Other, describe _____ |  |
|----------|----------------|---------------------------------------|---------------------------|------------------------|------------|------------------|--------------|--------------|----------|--------|-----------------|----------------------------|------------------|--------------|---------------|----------------------------|-----------------|------------|------------------|-----------------|--------------|-------------------|-----------------|---------|-----------------------|------------|------------------|--------------------|----------------|-----------------------|--|
| 1        |                |                                       |                           |                        |            |                  |              |              |          |        |                 |                            |                  |              |               |                            |                 |            |                  |                 |              |                   |                 |         |                       |            |                  |                    |                |                       |  |
| 2        |                |                                       |                           |                        |            |                  |              |              |          |        |                 |                            |                  |              |               |                            |                 |            |                  |                 |              |                   |                 |         |                       |            |                  |                    |                |                       |  |
| 3        |                |                                       |                           |                        |            |                  |              |              |          |        |                 |                            |                  |              |               |                            |                 |            |                  |                 |              |                   |                 |         |                       |            |                  |                    |                |                       |  |
| 4        |                |                                       |                           |                        |            |                  |              |              |          |        |                 |                            |                  |              |               |                            |                 |            |                  |                 |              |                   |                 |         |                       |            |                  |                    |                |                       |  |
| 5        |                |                                       |                           |                        |            |                  |              |              |          |        |                 |                            |                  |              |               |                            |                 |            |                  |                 |              |                   |                 |         |                       |            |                  |                    |                |                       |  |
| 6        |                |                                       |                           |                        |            |                  |              |              |          |        |                 |                            |                  |              |               |                            |                 |            |                  |                 |              |                   |                 |         |                       |            |                  |                    |                |                       |  |
| 7        |                |                                       |                           |                        |            |                  |              |              |          |        |                 |                            |                  |              |               |                            |                 |            |                  |                 |              |                   |                 |         |                       |            |                  |                    |                |                       |  |
| 8        |                |                                       |                           |                        |            |                  |              |              |          |        |                 |                            |                  |              |               |                            |                 |            |                  |                 |              |                   |                 |         |                       |            |                  |                    |                |                       |  |
| 9        |                |                                       |                           |                        |            |                  |              |              |          |        |                 |                            |                  |              |               |                            |                 |            |                  |                 |              |                   |                 |         |                       |            |                  |                    |                |                       |  |
| 10       |                |                                       |                           |                        |            |                  |              |              |          |        |                 |                            |                  |              |               |                            |                 |            |                  |                 |              |                   |                 |         |                       |            |                  |                    |                |                       |  |

**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<br><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 broker's 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 \_\_\_\_\_  
\_\_\_\_\_



### 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: \_\_\_\_\_