TENNESSEE

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: _____

1. Name (and "dba") _____
   ☐ Individual/Proprietorship ☐ Partnership ☐ Corporation ☐ Other Business phone number _____
2. Mailing address _____ City _____ State _____ Zip _____
3. Premises address _____ City _____ State _____ Zip _____
4. Person to contact for inspection (name and phone number) _____
5. 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

6. Describe business _____
   Years experience _____ New Venture? ☐ Yes ☐ No
7. 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
8. Have you ever filed for bankruptcy? ☐ Yes ☐ No If yes, when _____ Explain _____
9. Gross receipts last year _____ Estimate for coming year _____ Business for sale? ☐ Yes ☐ No
10. Do you operate in more than one state? ☐ Yes ☐ No If yes, list states _____
11. What is the largest city entered within your radius of operation? _____

LIABILITY COVERAGE – Complete for desired coverages by indicating limits of insurance.

LIABILITY						
Combined Single Limit BI & PD	Split Limits			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.**
	Bodily Injury		Property Damage			
	Per Person	Per Accident	Per Accident			

UNINSURED MOTORIST COVERAGE			
Single Limit	Split Limits		Property Damage
	Bodily Injury		
	Per Person	Per Accident	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

Veh. No.	Purpose of Use	Length of Limo Stretch
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

AB Airport Bus or Van
APS Airport Parking/Rental Car Shuttle
AT Athlete Bus (a) Professional Athlete (b) Non-Professional Athlete
BB Bingo/Casino Bus
SBG Boy/Girl Scout Bus
CB Charter Bus (a) Interstate (b) Intrastate
CHB Church Bus
CTB City Transit Bus (Urban Bus)
CRB Courtesy Bus (a) Hotel (b) Medical (c) Other
DC Day Care/Day Nursery
ET Employee Transportation
Railroad Employees (a) For Profit (b) Not For Profit
Farm Labor Bus (c) For Profit (d) Not For Profit
Other (e) For Profit (f) Not For Profit
ICB Inter-City Bus (attach route scheduled)
L Limousine (a) Transportation to Airport ≥ 50% (b) Super-Stretch (> 120") (c) Regular

ME Musician & Entertainer Bus (a) Professional Entertainer (b) Non-Professional Entertainer
MV Medivan/Medical Transport/Non-Emergency Ambulance (a) For Profit (b) Not For Profit
PT Prisoner Transfer
SB School Bus (a) Public Owned (b) Other (c) Private or Parochial Owned
SC Senior Citizens Center Auto
SH Shuttle (a) Tourist (b) Wilderness (c) All Other
SSB Sightseeing Bus
SKB Ski Bus
SSA Social Service Agency (a) Group Home (b) Other
TX Taxicab
TM Tram
T Trolley

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: ☐ Comprehensive ☐ Spec. C of Loss	Physical Damage Deductible: 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 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 _____ (Time and Date Bound by General Agent) Coverage was bound by _____ (Name of Person In Company General Agency's Office Binding Coverage)

_____

Applicant's Representative's Name and Address Phone No.

TENNESSEE SELECTION/REJECTION OF UNINSURED MOTORIST COVERAGE

Tennessee Statute § 56-7-1201 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 of liability lower than the limit for Liability Coverage in the policy, but not less than the financial responsibility limits. Uninsured Motorist Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, and for damage to the insured vehicle or property owned by an insured while in the insured vehicle.

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

☐ I reject Uninsured Motorist Coverage.

☐ I reject only the property damage portion of Uninsured Motorist Coverage.

☐ I select Uninsured Motorist Coverage at the following limit:

$ each accident—Combined Single Limit

-OR-

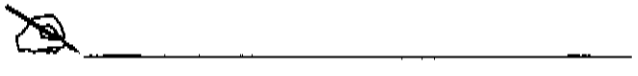
$ each person—Bodily Injury

$ each accident—Bodily Injury

$ each accident—Property Damage*

*Property Damage is subject to a $200 deductible.

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



Signature of Named Insured

Date

Until you advise us otherwise in writing, your choice as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies without additional notice.