

# TENNESSEE 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.

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

## UNINSURED MOTORIST COVERAGE

Single Limit	Split Limits		Property Damage
	Bodily Injury	Property Damage	
	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. 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

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	Emergency Lights & Sirens (Yes or No)	ALS Advanced Life Support	MTA Medical Transportation	SP Snow Plow
1			BLS Basic Life Support	OR Off Road Auto	SS Street Sweeper
2			BV Box Van	OV Other Van	ST Semi-Trailer
3			CP Cherry Picker	PC Police Car	T Truck
4			CV Cargo Van	PPT Private Passenger Type	TA Transfer Ambulance
5			F Flower Car	PT Pumper Truck	TR Trailer
6			H Hearse	PU Pick Up	TT Truck Tractor
7			L Limo	PV Passenger Van	UT Utility Trailer
8			LT Ladder Truck	RT Rescue Truck	WT Water Truck
9					Other, describe _____
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 <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/Coil	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 \_\_\_\_\_  
 \_\_\_\_\_

**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.

## 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.