



**PUBLIC AUTO SUPPLEMENTAL APPLICATION—  
NON-EMERGENCY TRANSPORT**

(Complete in Addition to the Commercial Automobile Application)

**PROVIDE COPIES OF DRIVER TRAINING MANUAL AND SAFETY PROCEDURES**

**Applicant's Name:** \_\_\_\_\_

**1. Description of operations:** \_\_\_\_\_  
\_\_\_\_\_

Number of years in business: \_\_\_\_\_ Number of years under current management: \_\_\_\_\_

**2. Is your service a subsidiary or division of another company?** .....  Yes  No  
If yes, advise the name of the company, their address and their relationship to you: \_\_\_\_\_

**3. Has this service ever operated under another name?** .....  Yes  No  
If yes, what name? \_\_\_\_\_

**4.**  Profit  Nonprofit Source of funding: \_\_\_\_\_

**5. Do you have a contract with a social service agency?** .....  Yes  No  
If yes, list agencies: \_\_\_\_\_

**6. Percentage of fares paid by:**  
Medicaid/Medicare: \_\_\_\_\_% VA Benefits: \_\_\_\_\_% Other Government Benefit: \_\_\_\_\_% Passengers: \_\_\_\_\_%  
Other: \_\_\_\_\_% If Other; Explain: \_\_\_\_\_

**7. Number of trips per year:** \_\_\_\_\_  
Number of Emergencies: \_\_\_\_\_ Number of Non-Emergencies: \_\_\_\_\_  
Percentage of Wheelchair Transport: \_\_\_\_\_% Percentage of Stretcher Transport: \_\_\_\_\_%

**8. a. List major cities entered:** \_\_\_\_\_  
\_\_\_\_\_

**b. What percentage of the operations involves transportation in these cities?** ..... \_\_\_\_\_%

**9. Is any transportation provided to the following destinations?** .....  Yes  No  
If yes, indicate percentage of all applicable and advise of any other destination:

Shopping Districts \_\_\_\_\_% Workplaces \_\_\_\_\_% Senior Centers \_\_\_\_\_% Schools \_\_\_\_\_%  
Daycare Centers \_\_\_\_\_% Psychiatric Centers \_\_\_\_\_% Heliport or Airport \_\_\_\_\_% Other \_\_\_\_\_%

**10. Are passengers assisted in or out of the autos?** .....  Yes  No  
If yes, provide percentage of: Curb-to-Curb \_\_\_\_\_% Door-to-Door \_\_\_\_\_% Door Through Door \_\_\_\_\_%

**11. Who dispatches your calls?**  911  Outside Sources  In-house by your own employees or volunteers

**12. Do you distribute any medical supplies or equipment?** .....  Yes  No  
If yes, provide details: \_\_\_\_\_

13. Indicate level of training and number of individuals who drive and/or provide client care (full-time, part-time or volunteer):

	EMT Basic	EMT Advanced	EMT Paramedic	Other	No Certification
Number Of Employees					
Number Of Volunteers					

If "other" is marked above, explain: \_\_\_\_\_

14. Identify the types of special driver training programs that your drivers receive:

- General Driver Orientation
- Defensive Driving
- Primary First Aid
- Advanced First Aid
- CPR
- Passenger Assistance Training
- Human Relations Skills
- Non-Medical Emergency Training
- Emergency Vehicle Evacuation
- Emergency Vehicle Operators Course (EVOC)

15. Do you:

- Screen employees and drivers' histories for sexual abuse charges and convictions?.....  Yes  No
- Verify licenses/professional certificates? .....  Yes  No
- Screen employees for previous involvement as defendants in malpractice litigation?.....  Yes  No

16. Number of units equipped with lights and sirens? \_\_\_\_\_

17. How many vehicles are equipped with the following wheelchair tie-down mechanism?

3 Point Tie-Down \_\_\_\_\_ 4 Point Tie-Down \_\_\_\_\_

18. Describe wheelchair and stretcher tie-down procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Is scooter transport (electric scooters or mobility scooters) provided? .....  Yes  No

If yes, how are passengers secured? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If yes, how are scooters secured within the vehicle? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Are any vehicles not equipped with both lap belts and shoulder harnesses for the passengers? .....  Yes  No

21. Is there an accident review procedure?.....  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. Describe vehicle maintenance program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Does Applicant carry Professional Liability coverage?.....  Yes  No

Policy Number	Carrier	Limits	Term	Is Loading & Unloading Included

		\$		
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24. Does Applicant carry General Liability coverage?.....  Yes  No

Policy Number	Carrier	Limits	Term
		\$	

25. Are all vehicles owned by you? .....  Yes  No

If no, explain: \_\_\_\_\_

If no, explain: \_\_\_\_\_

Are they leased, etc.? .....  Yes  No

Give details: \_\_\_\_\_

26. Do employees use their own vehicles in your business?.....  Yes  No

Explain: \_\_\_\_\_

Are any employees/volunteers' vehicles used for client transport?.....  Yes  No

27. Are all drivers covered by Worker's Compensation? .....  Yes  No

If yes, provide carrier name: \_\_\_\_\_

28. Any other pertinent information about your business: \_\_\_\_\_

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties **(Not applicable to Nebraska, Oregon or Vermont)**.

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN HAWAII (AUTOMOBILE):** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)



**COMMERCIAL AUTOMOBILE/TRUCKERS APPLICATION**

Name of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 P.O. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_  
 FEIN/Social Security/Soundex No. \_\_\_\_\_  
 Website: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

**From** \_\_\_\_\_ **To** \_\_\_\_\_

12:01 A.M., Standard Time, at the mailing address of the Applicant.

**PLEASE ANSWER ALL QUESTIONS**

**DESCRIPTION OF OPERATIONS**

1. **Applicant is:**  Individual  Partnership  Corporation  Joint Venture  LLC  Other: \_\_\_\_\_

2. **Description of operations:** \_\_\_\_\_  
 \_\_\_\_\_

Attach appropriate supplemental application as needed.

3. **How long has this operation been in business?** \_\_\_\_\_

4. **How many years of experience does your management have in the truck/transportation business?** \_\_\_\_\_

Provide an explanation of their experience: \_\_\_\_\_

5. **Have you had any insurance canceled, declined or non-renewed in the last three years** (Not applicable in Missouri)?.....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

6. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?** .....  Yes  No

If yes, provide details: \_\_\_\_\_

7. **Is the applicant a subsidiary of another entity, does the applicant have any subsidiaries or has the applicant operated under a different name?** .....  Yes  No  
If yes, provide details: \_\_\_\_\_
8. **Is there a formal safety program?**.....  Yes  No  
If yes, provide details or a copy: \_\_\_\_\_  
\_\_\_\_\_
9. **List commodities transported:** \_\_\_\_\_
10. **Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** .....  Yes  No  
If yes, provide specific details: \_\_\_\_\_
11. **Radius of operations:**  Intrastate only  Interstate  
0-100 miles \_\_\_\_\_%, 101-300 miles \_\_\_\_\_%, 301-500 miles \_\_\_\_\_%, Over 500 miles \_\_\_\_\_%
12. **List all states in which vehicles operate:** \_\_\_\_\_  
a. For all states, list largest cities entered: \_\_\_\_\_  
b. For all states, list farthest city entered from garaging location: \_\_\_\_\_
13. **Is your operation subject to time constraints when delivering the commodity?** .....  Yes  No
14. **Do you haul for others?** .....  Yes  No  
If yes, indicate percentage and for whom: \_\_\_\_\_
15. **Do you back haul?**.....  Yes  No  
If yes, advise for whom and commodities transported: \_\_\_\_\_  
\_\_\_\_\_
16. **Do you have a signed trailer interchange agreement?**.....  Yes  No  
If yes, provide a copy of the signed agreement, cover letter and provider list.
17. **Do you operate under a UIIA (Uniform Intermodal Interchange Association) contract?** .....  Yes  No  
If yes, provide a copy of the signed contract, cover letter and provider list.
18. **Do any units have special equipment, customizations or alterations?** .....  Yes  No  
a. If yes, describe: \_\_\_\_\_  
b. If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? \_\_\_\_\_
19. **Are any vehicles used by family members?** .....  Yes  No  
If yes, list and provide MVRs: \_\_\_\_\_
20. **Is there personal use of vehicles?** .....  Yes  No  
If yes, explain: \_\_\_\_\_
21. **Do you allow passengers?** .....  Yes  No  
If yes, explain: \_\_\_\_\_
22. **Are any vehicles or equipment loaned, rented, or leased to others?** .....  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
23. **Are all drivers covered by Workers' Compensation insurance?** .....  Yes  No

**DRIVER INFORMATION**

**24. Is there a formal driver hiring procedure?** .....  Yes  No  
 If yes, provide a copy.

**25. Is there a formal driver training program?** .....  Yes  No  
 If yes, provide a copy.

**26. Do you:**  
 Perform employee drug and alcohol screening/testing? .....  Yes  No  
 Perform criminal background checks? .....  Yes  No  
 Have a "Good Driver" incentive program.....  Yes  No  
 Order MVRs prior to allowing employees to drive? .....  Yes  No

**27. Criteria for hiring drivers: minimum age:** \_\_\_\_\_ **years of experience:** \_\_\_\_\_  
 Describe MVR standards: \_\_\_\_\_  
 \_\_\_\_\_

**28. Average driver turnover per year:** ..... \_\_\_\_\_%  
**Number of drivers hired in the past twelve (12) months:** .....

**29. Is there an accident review procedure?** .....  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**30. Are all drivers employees?** .....  Yes  No  
 If no, provide copy of contract.

**31. How are your drivers paid?**  Per load  Per hour  Other: \_\_\_\_\_

**32. Do you agree to screen and report all potential operators immediately upon hiring?** .....  Yes  No

**33. Maximum number of hours driver will operate a vehicle in a twenty-four (24) hour period:** \_\_\_\_\_

**34. Are driver teams used?** .....  Yes  No

**35. Are drivers assigned to specific units?** .....  Yes  No

**36. List below all drivers, owners/officers, partners currently employed as of the proposed effective date.** If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

\*Designation Code: O—Owner/Officer, P—Partner, E—Employee





**FILING INFORMATION**

- 43. Do you hold an ICC/FHWA permit or UCRA/DOT registration?.....  Yes  No  
If yes, provide: US DOT No. \_\_\_\_\_, MC No. \_\_\_\_\_, Base State \_\_\_\_\_
- 44. State filings required?.....  Yes  No  
If yes, list states and provide necessary state motor carrier number, if applicable: \_\_\_\_\_  
\_\_\_\_\_
- 45. Provide exact name and address as shown on application for filings, permits, certificates, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 46. Are there any special requirements needed for City permits, Certificates of Insurance, oversize and/or overweight permits? .....  Yes  No  
If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

**HIRED AUTO INFORMATION—Coverage Subject to Audit**

- 47. Why is hired auto coverage being requested? \_\_\_\_\_
- 48. Do you lease, hire, rent or borrow any vehicles from others? .....  Yes  No  
What is the average term of the lease? \_\_\_\_\_  
Is there a written agreement? .....  Yes  No  
Does it include a Hold Harmless agreement and/or Additional Insured clause? .....  Yes  No  
**Provide a copy of the agreement.**
- 49. Do you hire independent contractors? .....  Yes  No  
If yes, do you require certificates of insurance? .....  Yes  No  
**Provide a copy of the contract.**
- 50. If owner/operators are leased, will they be scheduled on your policy? .....  Yes  No  
If yes, provide a copy of the agreement you use.
- 51. Do you use sub-haulers?.....  Yes  No  
If yes, provide cost of hire: \$ \_\_\_\_\_  
**Provide a copy of the contract.**
- 52. Do you lease, hire, rent, or borrow any vehicles from others without drivers? .....  Yes  No  
Will they be scheduled on the policy? .....  Yes  No  
What is the average term of the lease? \_\_\_\_\_
- 53. What is your cost to lease, hire, rent or borrow vehicles? With drivers \$ \_\_\_\_\_ Without drivers \$ \_\_\_\_\_  
Estimated cost of hired autos: This year: \$ \_\_\_\_\_ Last year: \$ \_\_\_\_\_
- 54. Is Hired Auto Physical Damage coverage desired?.....  Yes  No  
If yes, average value of auto hired: \$ \_\_\_\_\_
- 55. How many autos are hired on average within a twelve (12) month period? \_\_\_\_\_
- 56. How many hired autos are in the insured's possession at any one time? \_\_\_\_\_
- 57. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors \_\_\_\_\_% Trailers \_\_\_\_\_%  
Heavy and Extra Trucks \_\_\_\_\_% Pickup trucks or Vans \_\_\_\_\_% Private Passenger Cars \_\_\_\_\_%

58. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? .....  Yes  No  
 If yes, explain: \_\_\_\_\_
59. Do you arrange or dispatch loads for others, not including your own hired truckers? .....  Yes  No  
 Explain: \_\_\_\_\_  
 Are you named on the Bills of Lading? .....  Yes  No  
 Annual number of Truckers: \_\_\_\_\_ Loads: \_\_\_\_\_
60. Do you have motor carrier brokerage authority? .....  Yes  No  
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? .....  Yes  No  
 What is your motor carrier brokerage number? \_\_\_\_\_  
 Whose name appears on the bill of lading as the carrier? \_\_\_\_\_  
 What is your brokerage revenue for the most recent twelve (12) months? \_\_\_\_\_  
 Estimated next twelve (12) months: \_\_\_\_\_
61. Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium? .....  Yes  No

<b>NON-OWNED AUTO INFORMATION—Coverage Subject to Audit</b>
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62. Why is non-ownership liability coverage being requested? \_\_\_\_\_
63. What types of non-owned autos will be used in your business? \_\_\_\_\_  
 Total number of non-owned autos used: \_\_\_\_\_ How will they be used? \_\_\_\_\_
64. How often are non-owned autos used in your business?  Daily  Weekly  Monthly  Other: \_\_\_\_\_  
 Estimate the number of hours per month: \_\_\_\_\_  
 Estimated annual mileage for use of all non-owned autos: \_\_\_\_\_
65. Do any employees use their autos in your business? .....  Yes  No  
 If yes, what limit of liability insurance are they required to maintain? \_\_\_\_\_  
 Do you require evidence of insurance? .....  Yes  No
66. Will you use non-owned autos other than those owned by employees? .....  Yes  No  
 If yes, describe the relationship: \_\_\_\_\_
67. Total number of employees: \_\_\_\_\_ Total number of officers and partners: \_\_\_\_\_
68. If a social service operation, do you use the autos of volunteers? .....  Yes  No  
 Maximum number of volunteers at any one time: \_\_\_\_\_  
 How will they use their vehicles? \_\_\_\_\_
69. Are volunteers required to have their own insurance? .....  Yes  No  
 Minimum limits required: \_\_\_\_\_
70. Do you obtain motor vehicle records for all employees and volunteers? .....  Yes  No
71. Do you understand that we may audit your records for Non-Owned auto exposure, which might result in an additional premium? .....  Yes  No

**LIMIT AND COVERAGE INFORMATION**

**72. Liability:** Combined Single Limits: \$ \_\_\_\_\_  
 Split Limit: B.I. Per Person: \$ \_\_\_\_\_ B.I. Per Accident: \$ \_\_\_\_\_ Property Damage: \$ \_\_\_\_\_  
 Liability Deductible:  \$1,000  Over \$1,000 \_\_\_\_\_ **Submit to company—financials may be required**

**73. Hired Auto:** Cost of Hire: \$ \_\_\_\_\_  
**Hired auto coverage is subject to audit.**

**74. Non-owned Auto:** Number of: Partners: \_\_\_\_\_ Employees: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
**Non-owned auto coverage is subject to audit.**

**75. Uninsured Motorist:**  Rejected  Limits Accepted \_\_\_\_\_

**76. Underinsured Motorist:**  Rejected  Limits Accepted \_\_\_\_\_  
 (Complete appropriate UM/UIM Selection/Rejection Form for Questions **75.** and **76.**)

**77. Optional no-fault state:** PIP rejected?.....  Yes  No

**78. Mandatory no-fault state:** PIP basic limits accepted? .....  Yes  No  
 (Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions **77.** and **78.**)

**79. Medical Payments:**  Rejected  Limits accepted: \_\_\_\_\_

**80. Trailer Interchange:** Limit \$ \_\_\_\_\_ Number of Trailers: \_\_\_\_\_  
 Deductibles:  Comp \$ \_\_\_\_\_  SCOL \$ \_\_\_\_\_  Coll \$ \_\_\_\_\_

**81. Do you understand that we may audit your records, which might result in an additional premium?** .....  Yes  No

**82. Are any Lessors or other entities to be added as additional insureds?**.....  Yes  No  
 If yes, list:

NAME	VEHICLE	ADDRESS	RELATIONSHIP/INTEREST

**VEHICLE SCHEDULE**

(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:	License plate No.:	
GVW/GCW:	Class.:	
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:	Length:	

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
<input type="checkbox"/> ACV	<input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles	<input type="checkbox"/> COMP _____	<input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**California Notice And Disclosure:** Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable in Nebraska, Oregon and Vermont).**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN HAWAII (AUTOMOBILE):** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Return Premium (if any)

\$

## REJECTION OF UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE OR SELECTION OF LOWER LIMIT OF LIABILITY

(Indiana)

The Indiana Insurance Code (Section 27-7-5-2) requires an insurer to provide bodily injury Uninsured Motorist Coverage and Underinsured Motorist Coverage equal to the limit for Bodily Injury Liability Coverage in the policy and Property Damage Uninsured Motorist Coverage at the basic financial responsibility limit. Property Damage Uninsured Motorist Coverage is only available if Bodily Injury Uninsured Motorist Coverage is afforded under the policy.

A named insured can reject either or both Uninsured Motorist Coverage or Underinsured Motorist Coverage, reject the Property Damage portion of the Uninsured Motorist Coverage, or select a limit of liability lower than the limit of Bodily Injury Coverage. (Note: Limit selected for Underinsured Motorist Coverage cannot be less than \$50,000/\$50,000 Split Limit or \$50,000 Single Limit).

Uninsured Motorist Coverage and Underinsured Motorist Coverage provide insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, or disease, including death, and for the protection of persons insured under the policy who are legally entitled to recover damages from identifiable owners or operators of uninsured motor vehicles for injury to or destruction of property resulting therefrom.

The undersigned named insured —

### (Applicable items marked "X")

- agrees that the Uninsured Motorist Coverage afforded in the policy is rejected.
- agrees that the Underinsured Motorist Coverage afforded in the policy is rejected.
- agrees that both the Uninsured Motorist Coverage and the Underinsured Motorist Coverage afforded in the policy are rejected.
- agrees that the Property Damage only portion of the Uninsured Motorist Coverage provisions afforded in the policy is rejected.
- agrees that the following lower limit of liability applies with respect to the Uninsured Motorist Coverage afforded in the policy.

(Enter lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

- agrees that the following lower limit of liability applies with respect to the Underinsured Motorist Coverage afforded in the policy.

(Enter the lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

Policy No. (if known) \_\_\_\_\_