

National Casualty Company

James Stafford Insurance Agency

1562 NW Access Rd. | Mount Vernon, TX 75457
(903) 537-2819 or Toll Free 1-888-869-4904
Fax: 1-888-475-4437

COMMERCIAL AUTOMOBILE APPLICATION

www.insurance-online-texas.com

Name of Applicant: _____
D/B/A: _____
Street Address: _____
P.O. Mailing Address: _____
Phone Number: (____) _____
Website: _____

Agent Name: _____
Address: _____
Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

DESCRIPTION OF OPERATIONS

- Applicant is:** Individual Partnership Corporation Other: _____
Please provide the registered owner's driver license number, social security number, federal employer identification number or state customer number or Soundex number for all vehicles: _____
- How long has this operation been in business?** _____
- Has there been any change in ownership, management or the name of the operation during the last five (5) years?** Yes No
If yes, provide details: _____
- Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?** Yes No
If yes, provide details: _____
- Description of operations:** _____

Complete appropriate supplemental application if operations include the transportation of passengers.
- Specifically identify commodities transported:** _____
- Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** Yes No
If yes, provide specific details: _____
- Normal areas of operations:** _____
- List all states vehicles operate in:** _____
- Largest cities entered:** _____
- Is your operation subject to time restraints when delivering the commodity?** Yes No
- If not hauling for others, will the vehicles be parked at a job site most of the day?** Yes No

13. Are any units customized or altered, or do they have special equipment? Yes No
 If yes, how are they altered? _____
14. Do you have vehicles with mobile equipment permanently attached?..... Yes No
 If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? _____
 If other, please explain: _____
15. Are any vehicles used by family members? Yes No
 If yes, explain: _____
16. Are any vehicles used for personal use (if other than public or private livery)? Yes No
 If yes, explain: _____
17. Do you allow passengers to ride in your vehicles? Yes No
 If yes, explain: _____
18. Are all drivers covered by Workers' Compensation insurance? Yes No

DRIVER INFORMATION

19. Are you familiar with the U.S. Department of Transportation driver requirements? Yes No
20. Do you maintain driver activity files? Yes No
 Do you review current MVRs on all drivers prior to hiring?..... Yes No
 Is there a formal driver hiring procedure? Yes No
 If you have a formal driver hiring/training program, provide a copy with this application.
21. Are all drivers employees? Yes No
 If no, explain: _____
22. How are your drivers paid? Per load Per hour Other: _____
23. Is there a formal safety program? Yes No
 If yes, provide details or a copy: _____
24. Do you agree to screen and report all potential operators immediately upon hiring?..... Yes No
25. Maximum number of hours driver will operate a vehicle in a 24-hour period: _____
26. List below all drivers 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	Date of Birth	Driver's License No.	State	Class of License	Number of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

HIRED AUTO INFORMATION

37. Why is hired auto coverage being requested? _____
38. Do you haul for others? Yes No
If yes, indicate percentage and for whom: _____
39. Are any vehicles or equipment loaned, rented, or leased to others? Yes No
40. 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
If yes, provide a copy of the agreement.
41. Does your lease agreement contain a Hold Harmless clause? Yes No
42. Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire? Yes No
43. Do you obtain certificates of insurance from the truckers you hire? Yes No
Certificates of insurance with limits of at least \$750,000 are required from your sub-haulers. If you do not have these on file when we audit, we will charge you for primary hired auto insurance.
Do you understand? Yes No
44. If owner/operators are leased for six (6) months or longer, will they be scheduled on your policy? Yes No
If yes, provide a copy of the agreement you use.
45. 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? _____
46. What is your cost to lease, hire, rent or borrow vehicles? With drivers _____ Without drivers _____
Estimated cost of hired autos: This year: _____ Last year: _____
47. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors ___% Trailers ___%
Heavy & Extra Trucks ___% Pickup trucks or Vans ___% Private Passenger Cars ___%
48. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes No
If yes, explain: _____
49. How many years of experience does your management have in the truck/transportation business? _____
Please provide an explanation of their experience: _____
50. Do you arrange or dispatch loads for others, not including your own hired truckers? Yes No
Please explain: _____
Are you named on the Bills of Lading? Yes No
Annual number of Truckers _____ Loads? _____
51. Do you have 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 brokerage motor carrier 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? _____
52. Are driver teams used? Yes No
53. Will more than one driver use a specific truck? Yes No

LIMIT AND COVERAGE INFORMATION

66. **Liability:** Bodily Injury: _____ Property Damage: _____ Combined Single Limit: _____

Liability Deductible: \$500 \$1,000 Other (Requires company approval) \$ _____

67. **Hired Auto:** States: _____ Cost of Hire: _____

An audit will be required if hired auto coverage is provided.

68. **Non-owned Auto:** States: _____

Number of Employees: _____ Partners: _____ Employees: _____ Volunteers: _____

69. **Uninsured Motorist:** Rejected Limits Accepted _____

70. **Underinsured Motorist:** Rejected Limits Accepted _____

(Complete appropriate UM/UIM Selection/Rejection Form for Questions 68. and 69.)

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

72. **Mandatory no-fault state:** PIP basic limits accepted? Yes No

(Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions 62. and 63.)

73. **Medical Payments:** Rejected Limits accepted: _____

74. **Physical Damage deductibles:** \$500 \$1,000 Other Specify: _____

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

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.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who 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.

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

LICENSED AGENT: _____
(Applicable in Iowa Only)

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

As part of our underwriting procedure, a routine inquiry may be made to obtain 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.

Premium Adjustment (if any)

\$

**REJECTION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE
OR SELECTION OF HIGHER LIMIT OF LIABILITY
(Texas)**

The Texas Insurance Code (Article 5.06-1) permits you, the insured named in the policy, to reject Uninsured/Underinsured Motorists Coverage or to select a limit for such coverage higher than the minimum limit required by the Texas Motor Vehicle-Safety Responsibility Act but not higher than the policy's liability limit. Uninsured/Underinsured Motorists Coverage provides insurance for the protection of persons insured thereunder 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, or property damage resulting therefrom.

In accordance with the Texas Insurance Code (Article 5.06-1), the undersigned insured (and each of them)—

(Applicable item marked)

agrees that the Uninsured/Underinsured Motorists Coverage afforded in the policy is hereby deleted.

agrees that the following higher limit of liability applies with respect to the Uninsured/Underinsured Motorists Coverage afforded in the policy.

(Enter if a single limit of liability applies.)

\$ each accident

(Enter if a separate limit of liability applies to Bodily Injury and Property Damage)

\$	each person	Bodily Injury
\$	each accident	Bodily Injury
\$	each accident	Property Damage

SIGNATURE OF INSURED

SIGNATURE OF INSURED

Premium Adjustment (if any)
\$

SELECTION OR REJECTION OF PERSONAL INJURY PROTECTION COVERAGE
(Texas)

The Texas Insurance Code (Article 5.06-3) permits you, the insured named in the policy, to reject Personal Injury Protection Coverage. Personal Injury Protection Coverage consists of provisions in a motor vehicle liability policy which provide for payment to the named insured in the motor vehicle liability policy and members of the insured's household, an authorized operator or passenger of the named insured's motor vehicle including a guest occupant, up to an amount of \$2,500 for each such person for payment of all reasonable expenses arising from the accident and incurred within three (3) years from the date thereof for necessary medical, surgical, X-ray and dental services and loss of income as the result of the accident. Personal Injury Protection benefits under Article 5.06-3 are payable without regard to the fault or non-fault of the named insured or the recipient in causing or contributing to the accident, and without regard to any collateral source of medical, hospital or wage continuation benefits.

In accordance with Texas Insurance Code (Article 5.06-3), the undersigned insured (and each of them)

(Applicable item marked)

- Agrees that the Personal Injury Protection Coverage is SELECTED with limits of \$_____.
- Agrees that the Personal Injury Protection Coverage is REJECTED. The Personal Injury Protection Coverage described above and offered by the Insurer is completely removed and deleted from the policy. Personal Injury Protection Coverage will NOT be provided in or supplemental to a renewal policy issued by this Insurer or an affiliated Insurer unless the named insured requests such coverage in writing.

Signature of Insured

Signature of Insured

Date

Policy No. (if known)

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Public Auto Supplemental Application Social Service and Ambulance

1. What is the primary purpose of your operation and how are these services provided? _____

Number of years in business: _____ Number of years under current management: _____

2. Is this operation for: profit nonprofit
 Source of funding: _____

3. What are the total number of trips per year? _____
 Percent wheelchair/stretchers transport: _____
 Of those, what is the number of emergency? _____ and non-emergency? _____

4. How many of the vehicles have lights and sirens? _____

5. Who dispatches your calls? 911 Outside sources In-house by your own employees or volunteers

6. Do you distribute any medical supplies or equipment? Yes No
 If yes, please provide details: _____

7. Indicate number of individuals who drive and/or provide client care (full-time, part-time, pair or volunteer): _____

	EMT BASIC	EMT ADVANCED	EMT PARAMEDIC	OTHER	NONE
EMPLOYEES					
VOLUNTEERS					

If "other" marked above, please explain: _____

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

- | | |
|---|---|
| <input type="checkbox"/> General driver orientation
<input type="checkbox"/> Primary first aid
<input type="checkbox"/> CPR
<input type="checkbox"/> Human relations skills
<input type="checkbox"/> Emergency vehicle evacuation | <input type="checkbox"/> Defensive driving
<input type="checkbox"/> Advanced first aid
<input type="checkbox"/> Passenger assistance training
<input type="checkbox"/> Nonmedical emergency training |
|---|---|

9. What is your criteria for driver selection? _____

10. What safety procedures are in place? _____

11. Do you have specific wheelchair tie-down procedures? Yes No
 If yes, please describe: _____

12. Is there an accident review procedure? Yes No
 If yes, briefly describe: _____

13. What type of vehicle maintenance is there? _____

14. Does Applicant have professional coverage? Yes No
 Policy No.: _____ Term: _____
 Name of carrier: _____
15. Has this service ever operated under another name? Yes No
 If yes, what name? _____
16. Are all vehicles owned by you? Yes No
 If no, please explain: _____
 Are they leased, etc.? Yes No
 Give details: _____

17. Do employees use their own vehicles in your business? Yes No
 If yes, describe how often and if there is client transport: _____

18. Any other pertinent information about your business: _____

19. A. In which major cities does applicant provide transportation (list cities): _____

- B. Of Applicant's total operations, what percentage involves transportation in these major cities? _____
20. Does Applicant have General Liability coverage? Yes No
 Policy No.: _____ Term: _____
 Carrier: _____
21. Are all drivers covered by Worker's Compensation? Yes No
 If yes, provide carrier name: _____

22. Are MVR's ordered prior to allowing employee to drive? Yes No

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

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

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