

Special Types Application

COLUMBIA INSURANCE COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF MID-AMERICA
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

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					
	Bodily Injury		Property Damage			
	Each Person	Each Accident	Each Accident			

APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.

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 (DUI/DWI, 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.

- [illegible]

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

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							

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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 Brokers 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: _____

**NOTICE - Regarding Uninsured Motorists Coverage
NEW MEXICO
(For Policies Other Than Excess Indemnity Policies)**

UNINSURED MOTORISTS COVERAGE provides for the protection of persons insured under the policy who are legally entitled to recover damages from the owner or operators of uninsured motor vehicles, or those whose Liability limits are less than the limits of your Uninsured Motorists Coverage (underinsured motorists insurance), because of bodily injury, sickness or disease, including death resulting therefrom or destruction of property. NEW MEXICO STATUTES require that such coverage be offered on every automobile liability policy with limits up to the Liability limits, at the insured's option unless the Named Insured specifies in writing his rejection of such coverage in its entirety.

So that we may be certain that your policy is properly issued, it is necessary that you indicate below your choice of Uninsured Motorists Coverage, date and sign the form in the space provided. In the event the policy names more than one Named Insured, all such Named Insureds must sign.

INDICATE BY "X"

☐ - The undersigned hereby rejects Uninsured Motorists Coverage entirely.

The undersigned understands and agrees that the provisions of Uninsured Motorists Coverage will not be included in the policy issued and waives any protection of New Mexico Statutes in that respect.

- OR -

☐ Uninsured Motorists Coverage to be written with limits of liability equal to Liability limits being provided.

- OR -

☐ Uninsured Motorists Coverage to be written with limits of liability lower than Bodily Injury Liability limits being provided, but not less than the minimum financial responsibility limits, as indicated below:

Bodily Injury	Property Damage*	or	Combined Single Limit (BI and PD*)
\$_____ each person	\$_____ each accident		\$_____ each accident
\$_____ each accident			

*Property Damage is subject to a \$250 per accident deductible.

Signature of Named Insured

Date

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.)

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

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 Interstate Commerce Commission 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? _____

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 CIVIL FINES AND CRIMINAL PENALTIES.

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.