



EMPIRE

INSURANCE IS REQUESTED OF THE COMPANY DESIGNATED BY AN

EMPIRE FIRE AND MARINE INSURANCE COMPANY

Omaha, Nebraska

EMPIRE INDEMNITY INSURANCE COMPANY

Oklahoma City, Oklahoma

EXECUTIVE OFFICES

13810 FNB Parkway Omaha, Nebraska 68154-5202



APPLICATION FOR INSURANCE PUBLIC AUTOMOBILES EXCEPT TAXIS

1. Name of Applicant _____
2. Address of Applicant _____
(Number) (Street) (City) (County) (State) (Zip)
3. Applicant is: Individual Partnership Corporation Other _____
4. (a) Limits of liability desired - Bodily Injury \$ _____ each person, \$ _____ each occurrence
Property Damage \$ _____ each occurrence or \$ _____ Combined Single Limit
- (b) Insurance is desired from _____ to _____
5. Do you operate as a subsidiary of another company? _____ If so, state names of parent company and other subsidiary companies, if any, identifying them as such _____
6. State your previous operating name and address. If any _____
7. How long have you been operating public automobiles? _____

PREVIOUS INSURANCE

8. Have you ever carried insurance? _____ If so, name all companies that have carried Automobile Bodily Injury and Property Damage insurance during the past three years. (Complete columns (b), (c), (d), (e) below for past three years whether insurance carried or not.)

(a) Company	(b) Policy Period	(c) No. of Accidents	(d) Claims Paid		(e) Claims Outstanding	
			B. I.	P.D.	B.I.	P.D.

9. Has insurance been declined, canceled or refused by any company (not applicable in MO) ? _____
Explain in detail _____

10. (a) Do you lease or hire any vehicles from others? _____
- (b) What is estimated annual expenditure for hired or leased equipment, including driver's wages? \$ _____

OPERATIONS

11. Describe fully all operations conducted by you (passenger-carrying or otherwise, and whether regular or occasional) which involve the use of automobiles _____

12. Are you required to file evidence of Automobile Liability insurance with any Federal, State, County, Municipal, Town or other authorities?
If so, complete the following:
- (a) To whom is such evidence to be furnished? _____
- (b) What form of evidence is required? _____
- (c) What limits of liability are required? _____
- (d) Show the exact name the application for authority has been made in: _____

13. State actual total Annual Gross Receipts for past 12 months and estimated Annual Gross Receipts for the next 12 months, separately by type of operations:

Type of Operations	Estimated Receipts - Next 12 Months	Actual Receipts - Past 12 Months
Bus Operations	\$ _____	\$ _____
Charter Work	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Total Annual Gross Receipts from all operations	\$ _____	\$ _____

14. Do you have agreements with any other passenger-carriers for the interchange of equipment or transportation of passengers? _____ If so, attach copy of all such agreements and complete the following:
- (a) With whom have such agreements been made _____
- (b) Do the parties named in (a) carry Automobile Liability Insurance? _____
Name of Insurance Company _____
Limits of Liability (B.I. and P.D.) _____
- (c) Under whose permit does each of the parties to the agreement operate? _____

15. Do you at any time engage in, advertise, solicit or contemplate the transportation of passengers on charter or sightseeing trips? _____ If so, complete the following

	Past 12 months	Next 12 Months (estimated)
(a) Number of such trips	_____	_____
(b) Average mileage per trip	_____	_____
(c) Point of destination for longest trip	_____	_____

16. Do you ever have occasion to transport groups of passengers who are physically or mentally handicapped? _____ If so, explain fully.

DRIVER INFORMATION

17. Do you hire any drivers under 25? _____ Do you hire any drivers over 65? _____ Do you hire any part-time drivers? _____
Is equipment owner-driven only? _____

List drivers now employed below: (If not enough space show other drivers under remarks)

DRIVER'S NAME	DATE OF BIRTH	DRIVER'S LIC. NO.	SOC. SEC. NO.	STATE WHERE DRIVER'S LIC. OBTAINED	YRS. EXP. DRIVING BUSES	LENGTH OF PRESENT EMPLOYMENT	*NO. OF ACCIDENTS IN PAST THREE YRS.	*NO. OF MOVING TRAFFIC VIOLATIONS IN PAST THREE YEARS

*Explain in remarks below.

ROUTES - Fixed and occasional (both outgoing and return)

18. Give complete information, describing in detail U.S. or State Route by designating type of Route and No. and principal cities or towns through which vehicles pass, as well as terminal points.

From	To	Via (Cities, Route Nos.)	Miles	No. of trips daily	Hours per run	Regular Schedule? If so, attach time-table
1						
2						
3						
4						
5						

EQUIPMENT

19. Describe all equipment (private passenger, commercial, public passenger) owned by you and indicate by check Mark (8) the specific equipment on which application is made for insurance.

Unit No.	Year Model, Trade Name	Motor No. (M) or Serial No. (S)	Type or Body	Seating Capacity	Type of Registration Certificate	Purpose of Use*	On which of routes (in 18 above) is vehicle used? If no regular route, give place of principal garaging and radius of operations
1							
2							
3							
4							
5							

*Please be specific completing this column with any and all of the following symbols that are applicable. If any vehicle used for more than one purpose, explain fully:

- | | | | |
|----|-------------------------------|-------|--------------------------------------|
| PL | - Private Livery | HB | - Camp, Country Club, Hotel etc. Bus |
| L | -Public Livery | | |
| T | -Taxicab | | |
| B | -Bus | | _____ (state which) |
| SB | -School Bus | CB | - Cemetery Bus |
| AB | -Apartment House Bus | TE | - Transportation of Employees |
| RB | - Real Estate Development Bus | P & B | - Pleasure and Business |
| | | C | - Commercial |

IF PHYSICAL DAMAGE COVERAGES DESIRED, COMPLETE SPACES BELOW IN DETAIL FOR EACH RESPECTIVE UNIT ABOVE:

Unit No.	Original Cost New or Chassis, Body & Equipment	Date Purchased Mo./Yr.	Purchased New (N) Used (U)	Cost When Purchased	Stated Amount Insurance Desired	Is (are) any of the vehicle(s) mortgaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Give Name and Address of Mortgagee
1						
2						
3						
4						
5						

20. Remarks:

This Application shall not be binding unless and until a policy shall be issued and a down payment made and then only as of the commencement date of said policy and in accordance with all terms hereof, and the said Applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the insurance, and a representations on the part of the insured.

If the laws or regulations of any City, County, regulatory body, State or States in which the undersigned applicant intends to operate or the Interstate Commerce Commission require a special endorsement or rider to be attached to the policy, the applicant hereby agrees as an inducement to the Empire Fire and Marine Insurance Company for the issuance of the policy, that if the Company shall be obliged to pay any claim which it would not have been required to pay except for said endorsement, the Applicant shall reimburse the Company for any and all claims and disbursements of every kind, including loss payments, costs and expenses which it shall have paid in connection with such claims, plus expenses incurred by the Company in enforcing the terms of this agreement. The terms of this agreement shall apply not only to the original policy or policies issued in connection with this application, but also to any renewals or extensions thereof.

APPLICABLE IN THE STATE OF FLORIDA

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 THE STATE OF NEW YORK STATE

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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the applicant in any respect.

Witness

Date

Applicant's Signature

Agent's or Broker's Name and Address

Agent's License Number

**TEXAS UNINSURED/UNDERINSURED MOTORISTS INSURANCE AND
PERSONAL INJURY PROTECTION COVERAGE**

Rejection/Selection Form

Return Premium (if any) \$ _____

NAMED INSURED: _____

POLICY NUMBER: _____

**REJECTION OF PERSONAL INJURY PROTECTION
(Personal Injury Protection Coverage is Optional)**

- I/we reject Personal Injury Protection Coverage.

Date

Signature of Named Insured

**REJECTION/SELECTION OF UNINSURED/UNDERINSURED
MOTORISTS INSURANCE**

- I/we reject Uninsured/Underinsured Motorists Coverage in its entirety.

- I/we select Uninsured/Underinsured Motorists Coverage for \$20,000. each person/ \$40,000. each occurrence Bodily Injury Liability (excluding Property Damage Liability).

- I/we select Uninsured/Underinsured Motorists Coverage for \$20,000. each person/ \$40,000. each occurrence Bodily Injury Liability and \$15,000. Property Damage as prescribed in the Texas Motor Vehicle Safety-Responsibility Act.

- I/we select Uninsured/Underinsured Motorists Coverage for a Combined Single Limit of \$55,000.

- I/we select Uninsured/Underinsured Motorists Coverage for \$_____. each person/ \$_____. each occurrence Bodily Injury Liability and/or \$_____. Property Damage. (Limits not to exceed the Bodily Injury and Property Damage Limits specified in your liability policy.)

Date

Signature of Named Insured

DECLINATION OF TERRORISM COVERAGE AND PREMIUM PAYMENT

The Terrorism Risk Insurance Act of 2002 mandates that you be provided the opportunity to obtain coverage for certified acts of terrorism as defined by that act. To obtain that coverage, you must remit the premium specified on the notification you received informing you of the availability of coverage. You may reject this coverage for any or all of the lines of business shown below. To reject coverage, simply mark the box in front of the line, sign and date this form, and return to us.

Note: Failure to sign and return this form will not place coverage in effect. Coverage can only be in Force if the required premium has been paid.

- Auto (including liability, physical damage, uninsured motorists, and personal injury protection).
- Property
- General Liability
- Inland Marine (including cargo)
- All coverages (If this box is checked, there is no need to check any other.)

Signing and returning this form, or not paying the required premium, will result in an endorsement to your policy excluding coverage for certified acts of terrorism.

Policy

Signature

Date

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