PLEASE EMAIL OR FAX THE FULLY COMPLETED APPLICATION TO:

615-792-6668

fax:

e-mail:

nspears@southpointrisk.com

PUBLIC AUTO APPLICATION

Entire Application Must Be Completed and Signed

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	Stat	te	ZIP Cod	e		Business Phone	
	U						
	Stat	te	ZIP Code	е			
U.S. DOT#	МС	#			Yrs. App	plicant has been Oper	ating Under Business Name
							Contact's Phone
Home Address							Apt.#
		State	Э	ZIP	Code		Business Phone
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	Home Address IONS Hire Priva Employer Fun Hote Kidde Lime Medel Pris Sch Sco	Sta U.S. DOT# MC MC MC MC MC MC MC M	State Stat	State ZIP Code State ZIP Code U.S. DOT # MC # Home Address State IONS Hire Private For Profit Employee Transportation Employment Service Funeral Home Hotel/Motel Courtesy Bus Inter City Bus Kiddie Cab (internal) Limousine Service Luxury Sedan/SUV Service Medical Van Prisoner Transport (internal) School Bus Scout Bus	State ZIP Code State ZIP Code U.S. DOT# MC# Home Address State ZIP TONS Employee Transportation Employment Service Funeral Home Hotel/Motel Courtesy Bus Inter City Bus Kiddie Cab (internal) Limousine Service Medical Van Prisoner Transport (internal) School Bus Scout Bus Scout Bus	State ZIP Code	State ZIP Code Business Phone

Identif	fy Metr	оро	litan Areas Traveled Throug	jh or Into			
Bal	anta ltWas ston	hing	☐ Cleveland ton ☐ Dallas/Ft. Worth ☐ Denver	☐ Jacksonville ☐ Kansas City ☐ Little Rock	☐ Milwaukee ☐ Mpls./St. Paul ☐ Nashville ☐	Orlando Philadelphia Phoenix	Salt Lake City San Diego San Francisco
	ffalo		Detroit	Los Angeles	☐ New Orleans ☐	Pittsburgh	Seattle
☐ Chi	arlotte		☐ Hartford	Louisville	New York City	Portland	Tampa
	icago icinnati	i	∐ Houston ☐ Indianapolis		☐ Oklahoma City ☐ Omaha	Richmond St. Louis	Tulsa
			above or regular routes:	_	_ Cinialia _	Ot. LOUIS	*
	nt of Tr				101 - 300 Mile:	301 M	liles +
		•	e Way: Miles	ro roo wiiioo	101 000 1111101		
Yes	No						
		1.	Are filings required? If ye	es, complete Filing	Information form.		
		2.	A. Do you hire or employB. Are the owner operatoIf no, explain:	rs and their vehicle		cation?	
			C. Do owner operators ac transportation network	ccept passengers f companies)?	rom any other companies	(including rideshari	ng and
			If yes, explain: D. Do you require owner of the second se	operators to carry t	heir own insurance?		+
			E. Do any other companied If yes, explain:F. Percent of annual reverse.			erators?	
			F. Percent of annual reve	nue irom owner op	perators:%		
		3.	Do you arrange for transport fyes, explain:				
		4.	A. Percent of your annual media apps: Describe these operati	%	om transportation network	companies, ridesha	aring or social
			Percent of owner operasocial media apps: Describe these operations	ator's income deriv		twork companies, ri	desharing or
		5.	Do you transport passenge	ers across states li	nes?		
		6.	Is all equipment operated in If no, attach explanation.	under the applican	t's authority scheduled on	the application?	
	in the same of the	7.	Is all owned equipment sch	neduled on this app	olication? If no, attach exp	olanation.	
		8.	Do you lease your vehicles If yes, who must provide p		erage? 🗌 You 📗	Lessee	
		9.	Do you lease, rent, hire or If yes, do you provide the of If vehicles are leased, rent If no, skip to question #10. A. Describe type of vehicles	driver?	-	d attach copy of lea	se agreement.
			B. On what basis are they	leased?		Permanent Basis	Temporary/
			C. Provide annual cost of ID. Are vehicles leased with			☐Yes ☐No	☐Yes ☐No
			E. Are leased vehicles incl If no:			☐Yes ☐No	☐Yes ☐No
			(1) Is there a written lea provide primary aut(2) Limit of Liability req	o liability coverage	ing the lessor will while leased to you?	☐Yes ☐No	☐Yes ☐No
			(3) Do you secure evidence coverage?		s primary auto liability	□Yes □No	☐Yes ☐No
			• •	_	rees to provide you with		
			cancelled or reduce		nce coverage is being	☐Yes ☐No	□Yes □No

Yes	No								
		10.	Any personal use of vehicles?						
			A. If yes, provide % and details:						
님	님	11	B. Are there any household drivers under age 25? All drivers must be shown in Driver Information section. Is any portion of your operation seasonal? If yes, explain:						
H	片		Do you do any package delivery?						
H	H		Do you own/operate any other transportation companies? If yes:						
_			A. Name(s):						
			B. Describe operations:						
		14.	Do you operate more than one location? If yes, provide the following:						
			Location(s) # Units Address, City, State						
		15	Do any of your vehicles have special equipment for transporting physically impaired?						
ш		13.	If yes, complete Physically Impaired and Senior Citizens section.						
		16.	Are drivers allowed to take vehicles home when not in use? If yes, how often:						
			Percent of your trips to and from the airport:%						
			Percent of your trips arranged 24 hours in advance:%						
	() (Indicate how vehicles are stored (open lot, fenced, lighted lot, in garage):						
H	\vdash		Do you have a General Liability policy?						
	ш	21.	Do you belong to any local, state or national associations? If yes, which ones:						
	П	22.	Do you use non-owned autos? If yes, describe:						
_			A. Frequency of use:						
			B. Type of non-owned autos used:						
			C. Do you require employees to have their own insurance?						
LIMO	USINE	SA	ND SEDANS						
Yes	No		`						
		1.	Are you registered or licensed as a: Limousine Yes No						
(1,222-1)	-		Taxi Yes No						
		2.	Taxi Yes No Do any vehicles have a fare box or meter?						
	_	2. 3.	Taxi Yes No Do any vehicles have a fare box or meter? Do you charge by the: Hour Trip Miles						
		2. 3.	Taxi Yes No Do any vehicles have a fare box or meter? Do you charge by the: Hour Trip Miles Are your vehicles dispatched or do you share dispatch services with another entity?						
		2. 3. 4.	Taxi Yes No Do any vehicles have a fare box or meter? Do you charge by the: Hour Trip Miles Are your vehicles dispatched or do you share dispatch services with another entity? If yes, explain:						
	_	2. 3. 4.	Taxi Yes No Do any vehicles have a fare box or meter? Do you charge by the: Hour Trip Miles Are your vehicles dispatched or do you share dispatch services with another entity?						
		2. 3. 4.	Taxi Yes No Do any vehicles have a fare box or meter? Do you charge by the: Hour Trip Miles Are your vehicles dispatched or do you share dispatch services with another entity? If yes, explain: Are vehicles ever leased to drivers?						
		2. 3. 4. 5.	Taxi Yes No Do any vehicles have a fare box or meter? Do you charge by the: Hour Trip Miles Are your vehicles dispatched or do you share dispatch services with another entity? If yes, explain: Are vehicles ever leased to drivers? If yes, explain:						
		2. 3. 4. 5.	Taxi Yes No Do any vehicles have a fare box or meter? Do you charge by the: Hour Trip Miles Are your vehicles dispatched or do you share dispatch services with another entity? If yes, explain: Are vehicles ever leased to drivers? If yes, explain: Do drivers wear formal chauffeur's attire? If you have corporate contracts to provide transportation, list clients:						
		2. 3. 4. 5.	Taxi						
		2. 3. 4. 5. 6. 7.	Taxi						
		2. 3. 4. 5. 6. 7.	Taxi						
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FULL		2. 3. 4. 5. 6. 7. 8. 9.	Taxi						
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	SIZE	2. 3. 4. 5. 6. 7. 8. 9. 10. /AN: 1. 2. 3. 4.	Taxi						
	SIZE	2. 3. 4. 5. 6. 7. 8. 9. 10. //AN: 1. 2. 3. 4. 5.	Taxi						
	SIZE	2. 3. 4. 5. 6. 7. 8. 9. 10. /AN: 1. 2. 3. 4. 5. 6.	Taxi						
	SIZE	2. 3. 4. 5. 6. 7. 8. 9. 10. //AN: 1. 2. 3. 4. 5.	Taxi						

DRIVER INFORMATION

flust be Completed for All Drive DriverName	Date of Birth	License Number	State	Date of Hire
-				
<u> </u>				

DF	RIVER HIRING	G, TRA	INING A	ND SAFE	TY							
1.	Which of th	e follov	ving is pa	art of your	driver so	reening	/hiring proce	ess:				
	☐ Employ	ment b	ackgrou	nd check		☐ Pre	-employmer	nt drug test				
	☐ Crimina	al back	ground c	heck		Roa	ad test	J				
	☐ Motor v				ew	☐ Oth	er (describe):				
2.						rforman	ce managen	nent process	:			
	☐ Annual		-	=	-		_			ree and accide	ent-free	driving
	☐ Periodi			_		,				procedures		
	Review	of elec	tronic er	ngine data	/video ev	ent reco	_	Driver safet		,		
3.				•				ogram?				
				ch prograi				0 _				
D/III	LEAGE											
IVII	LEAGE	Units	Mileage	Per Unit	Total Mi	leage						
Pa	st 12 Months	Omes			Totalivi	lougo						
	ext 12 Months				-							
_	SURANCE H	ETOD	Z AND I	000 EVE	EDIENC	_						
1143	SURANCE H	ISTOR	TANDL	USS EXP	EKIENCI	-						
1.	Has an insu	irance d	company	cancelled	d or non r	enewed	your policy	in the last 3	years?			
	(Missouri A	pplica	nts - Do	not answ	er this qu	estion.)	•					
	☐ Yes	□No	If yes,	explain:_								
2.	Prior years	insuran	ice unde	r business	s name w	ith: Prin	nary Auto Lia	ability:				
						Phv	sical Damag	ie:				
						Car	•					
3.	Indicate oth	er com	nany nar	ne(e) vou	have one		•	et 3 voaret	_			
٥.												
4.		ears Pri	or Carrie	r Informat	tion. Hard	copy lo	oss runs mus	st be provide	d for last 4 ye	ears for risks v	with more	e than
	10 units.											
*Ту	pe: L=Prim. I	_iab.	P=Phy. D	mg. C=	Cargo	GL=Gen	I Liab. IM=	Inland Marine				
	Prior Carrier Eff	io odlica D			Delas	arrier Na		D-	licy Number	Coverage	# Units	1 -
_	Prior Carrier En	iective D	ales		Priorc	arrierina	me	PO	iicy Number	Type*	Insured	Losses
	tc) 										
	to)										
	to)										
LO	SS HISTORY	′ - Past	3 Years	(includin	g Drivers	no lon	ger employe	ed)				
		verName			Date of				_			
_	(Last, F	irst, Mid	dle)	A	ccident	Amour	nt of Accident	<u> </u>	De	escription		
_												
sc	HEDULE OF	AUTO	S / VEH	CLE CO	/ERAGE	OPTIO	NS					
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	o's stated va		as deline	su by life	policy), al	ong witi	i taips, chai	is of billiders	are covered	i, include the v	raiue iii t	eacii
Fin	ance Value	Covera	no If co	lected th	e Stated I	imit of	each auto m	iet he equal	to or greater	than the outst	tanding	
	ancial obligati		_					•	to or greater	than the outs	anding	
No.	T		lake	0. 0.0		cle Type		VIN Number		Stated Limit		Radius
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GV	N/GCW				Own	ership: [Employee O	wned 🗌 Le	ased With Drive	ſ	
_			L - (C) :				Leased With					
Sea	iting Capacity	Lengt	h of Streto	n	Nam	e of Coac	h Builder/Mod	ifier		☐ QVC/CM	С	
Δ1+-	ernative Fuel Ve	hiclo										
	Hybrid Electric		Electric	☐ Fuel Ce	all 🗆 N	atural Ga	as 🗌 Propa	ane □ Othe	r, Specify:			
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	nit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GC	w			Ownership: Owned	☐ Employee Owned [Without Driver	Leased With Driver	
Seating C	Capacity	Le	ngth of Stretch	Name of Coach Builder/		□ QVC/CMC	
Alternativ	ve Fuel '	/ehicle	•	<u> </u>			
Hybrid	d Electric	: 🗆	All Electric	☐ Natural Gas ☐ F	ropane	y:	
Additiona			☐ Finance Value	Lease-Loan [Towing & Labor		
No. Un	nit ID	ear/	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCV	:W			Ownership: Owned Leased \	Employee Owned [Vithout Driver	Leased With Driver	•
Seating C			ngth of Stretch	Name of Coach Builder/N	<i>l</i> odifier	☐ QVC/CMC	
Alternativ Hybrid			e All Electric	☐ Natural Gas ☐ P	ropane	y:	
Additional	al Covera	ges:	☐ Finance Value	☐ Lease-Loan [Towing & Labor		
No. Un	nit ID	'ear	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GW/GCV	W			Ownership: Owned Leased V	Employee Owned [Vithout Driver	Leased With Driver	
Seating C	Capacity	Lei	ngth of Stretch	Name of Coach Builder/M	lodifier	☐ QVC/CMC	
Alternative ☐ Hybrid			All Electric ☐ Fuel Cell	☐ Natural Gas ☐ P	ropane	r:	
No. Un	nit ID Y	'ear	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCV	w			Ownership: Owned Leased V	Employee Owned Vithout Driver	Leased With Driver	
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Alternative	/e Fuel \	ehicle					
Alternative Hybrid	/e Fuel \	ehicle					Radius
Alternative Hybrid	ve Fuel \ d Electric	/ehicle	All Electric	□ Natural Gas □ P Vehicle Type* Ownership: □ Owned	ropane	r.	Radius
Alternative Hybrid No. Uni	ve Fuel \ d Electric nit ID Y	/ehicle	All Electric	□ Natural Gas □ P Vehicle Type* Ownership: □ Owned	opane	Stated Limit	Radius
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GVW/GCW Seating Capacity Alternative Fuel V Hybrid Electric Additional Covera No. Unit ID Y GVW/GCW Seating Capacity Alternative Fuel V Hybrid Electric	All Electric Fue ges: Finance Val ear Make Length of Stretch Yehicle All Electric Fue ges: Finance Val ear Make Length of Stretch Length of Stretch	Name of Coach Builde ICell Natural Gas Lease - Loan Vehicle Type* Ownership: Owne Lease Name of Coach Builde ICell Natural Gas Lease - Loan Vehicle Type* Ownership: Owne Lease Name of Coach Builde	ed Without Driver er/Modifier Propane	Stated Limit Leased With Driver QVC/CMC fy: Stated Limit Leased With Driver QVC/CMC	Radius
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Alternative Fuel V Hybrid Electric No. Unit ID Y	ehicle				
☐ Hybrid Electric		Cell Natural Gas] Propane ☐ Other, Specif		
No. Unit ID Y	All Electric Fuel	Cell Natural Gas	Propane Other, Specif	•	
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3VW/GCW	ear Make	Vehicle Type*	VIN Number	Stated Limit	Radius
		Ownership: Owner	d Employee Owned d Without Driver	Leased With Driver	
Seating Capacity	Length of Stretch	Name of Coach Builde	r/Modifier	☐ QVC/CMC	
Alternative Fuel V	ehicle				
Hybrid Electric	All Electric	Cell Natural Gas	Propane Other, Specify	y:	-
lo. Unit ID Y	ear Make	Vehicle Type*	VIN Number	Stated Limit	Radius
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Seating Capacity	Length of Stretch	Name of Coach Builde	d Without Driver		
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	ear Make	Vehicle Type*	VIN Number	Stated Limit	Radius
SVW/GCW		Ownership: Owned	Employee Owned Without Driver	Leased With Driver	
eating Capacity	Length of Stretch	Name of Coach Builde		☐ QVC/CMC	
Alternative Fuel Ve	ehicle All Electric Fuel	Cell ☐ Natural Gas ☐	Propane		
1					
lo. Unit ID Ye	ear Make	Vehicle Type*	VIN Number	Stated Limit	Radius
w/gcw		Ownership: Owned	Employee Owned Without Driver	Leased With Driver	
eating Capacity	Length of Stretch	Name of Coach Builder		□ QVC/CMC	
Iternative Fuel Ve	ehicle				

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/	GCW			Ownership: Owned	☐ Employee Owned ☐ Without Driver	Leased With Driver	
Seatir	ng Capacit	y Lei	ngth of Stretch	Name of Coach Builder	/Modifier	□ QVC/CMC	
	ative Fue		All Floats:		Dun		
	brid Electi onal Cove		All Electric		Propane ☐ Other, Specify; ☐ Towing & Labor		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
		1 Cai	Wake	Verlicie Type	VIIVINUINDEI	Stated Cirriit	Radius
GVW/					Without Driver	Leased With Driver	
	ig Capacit		ngth of Stretch	Name of Coach Builder/	Modifier	□ QVC/CMC	
	ative Fuel brid Electr		All Electric ☐ Fuel Cell	☐ Natural Gas ☐ I	Propane		
Additio	onal Cove	rages:	☐ FinanceValue	Lease - Loan	☐ Towing & Labor		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/	GCW			Ownership: Owned Leased	☐ Employee Owned ☐ Without Driver	Leased With Driver	'
Seatin	g Capacit	y Ler	ngth of Stretch	Name of Coach Builder/	Modifier	☐ QVC/CMC	
	ative Fuel brid Electr		All Electric ☐ Fuel Cell	☐ Natural Gas ☐ F	Propane ☐ Other, Specify:	NI.	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/0	GCW			Ownership: Owned	Employee Owned Without Driver	Leased With Driver	
Seatin	g Capacit	y Len	gth of Stretch	Name of Coach Builder/	Modifier	☐ QVC/CMC	
	ative Fuel		All Electric	□ Natural Gas □ F	Propane ☐ Other, Specify:		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/0	GCW			Ownership: Owned	Employee Owned	Leased With Driver	
Seatin	g Capacity	y Len	gth of Stretch	Leased Name of Coach Builder/	□ QVC/CMC		
Alterna	ative Fuel	Vehicle					
	orid Electr		All Electric		Propane Other, Specify:	-	
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
SVW/C	3CW			Ownership: Owned Leased	Employee Owned Without Driver	Leased With Driver	
Seatin	g Capacity	/ Len	gth of Stretch	Name of Coach Builder/	□ QVC/CMC	□ QVC/CMC	
	ative Fuel orid Electr		\ll Electric ☐ Fuel Cell	Natural Gas F	Propane		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/C		. 541		Ownership: Owned	Employee Owned	Leased With Driver	, (00100
	g Capacity	, llen	gth of Stretch	Leased \	Without Driver	1	
Jeann	y Capacity	Len	gui oi oudioi	Name of Coach Builder/l	woaltier	☐ QVC/CMC	
	ative Fuel orid Electr		∖ll Electric ☐ FuelCell	☐ Natural Gas ☐ F	Propane		

No. Unit ID Year Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW	Ownership: Owner	ed	☐ Leased With Driver	
Seating Capacity Length of Stretch	h Name of Coach Build	er/Modifier	□ QVC/CMC	
Alternative Fuel Vehicle ☐ Hybrid Electric ☐ All Electric	☐ Fuel Cell ☐ Natural Gas ☐] Propane	fy:	
Additional Coverages:	nceValue	☐ Towing & Labor		
No. Unit ID Year Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW	Ownership: Owne	d Employee Owned ed Without Driver	Leased With Driver	
Seating Capacity Length of Stretch	Name of Coach Builde	er/Modifier	□ QVC/CMC	
Alternative Fuel Vehicle ☐ Hybrid Electric ☐ All Electric	☐ Fuel Cell ☐ Natural Gas ☐] Propane ☐ Other, Speci	fy:	
Additional Coverages: Finar	nceValue	☐ Towing & Labor		
No. Unit ID Year Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW	Ownership: Owne	d Employee Owned	Leased With Driver	
Seating Capacity Length of Stretch	Name of Coach Builde	er/Modifier	□ QVC/CMC	
Alternative Fuel Vehicle Hybrid Electric All Electric	☐ Fuel Cell ☐ Natural Gas ☐] Propane ☐ Other, Speci	fy:	
No. Unit ID Year Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW	Ownership: Owne	d Employee Owned	Leased With Driver	
		d Without Driver		
Seating Capacity Length of Stretch	Lease	d Without Driver	□ QVC/CMC	
Alternative Fuel Vehicle	Name of Coach Builde	d Without Driver	□ QVC/CMC	
Alternative Fuel Vehicle	Name of Coach Builde	d Without Driver er/Modifier	□ QVC/CMC	
Alternative Fuel Vehicle	Name of Coach Builde	d Without Driver er/Modifier	□ QVC/CMC	Radius
Alternative Fuel Vehicle Hybrid Electric All Electric	Lease Name of Coach Builde Fuel Cell	d Without Driver er/Modifier Propane	☐ QVC/CMC	Radius
Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make	Vehicle Type* Ownership: Ownership: Ownership: Lease	d Without Driver Propane Other, Special VIN Number d Employee Owned d Without Driver	☐ QVC/CMC	Radius
Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle	Lease Name of Coach Builde Fuel Cell	d Without Driver er/Modifier Propane	gvc/cmc Stated Limit Leased With Driver	Radius
Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle Hybrid Electric All Electric	Lease Name of Coach Builde Fuel Cell	d Without Driver Propane Other, Special Other, Spe	gvc/cmc Stated Limit Leased With Driver Qvc/cmc	
Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make	Lease Name of Coach Builde Fuel Cell	d Without Driver Propane Other, Special Other, Spe	gvc/cmc Stated Limit Leased With Driver Qvc/cmc y: Stated Limit	Radius
Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW	Lease Name of Coach Builde Fuel Cell	d Without Driver or/Modifier Propane Other, Specified WIN Number d Employee Owned d Without Driver or/Modifier Propane Other, Specified VIN Number d Employee Owned d Without Driver	gvc/cmc Stated Limit Leased With Driver Qvc/cmc	
Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch	Lease Name of Coach Builde Fuel Cell	d Without Driver or/Modifier Propane Other, Specified WIN Number d Employee Owned d Without Driver or/Modifier Propane Other, Specified VIN Number d Employee Owned d Without Driver	gvc/cmc Stated Limit Leased With Driver Qvc/cmc y: Stated Limit	
Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle	Lease Name of Coach Builde Fuel Cell	d Without Driver or/Modifier Propane Other, Specified WIN Number d Employee Owned d Without Driver or/Modifier Propane Other, Specified VIN Number d Employee Owned d Without Driver	GVC/CMC Stated Limit Leased With Driver QVC/CMC Stated Limit Leased With Driver QVC/CMC	
Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle	Lease Name of Coach Builde	d Without Driver er/Modifier Propane Other, Specific Other, S	GVC/CMC Stated Limit Leased With Driver QVC/CMC Stated Limit Leased With Driver QVC/CMC	
Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GWW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle Hybrid Electric All Electric GWW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle Hybrid Electric All Electric Alternative Fuel Vehicle Hybrid Electric All Electric	Lease Name of Coach Builde Vehicle Type* Ownership: Ownershi	d Without Driver Propane	Stated Limit Leased With Driver QVC/CMC Stated Limit Leased With Driver QVC/CMC QVC/CMC	Radius
Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle Hybrid Electric All Electric GVW/GCW Seating Capacity Length of Stretch Alternative Fuel Vehicle Hybrid Electric All Electric Alternative Fuel Vehicle Hybrid Electric All Electric No. Unit ID Year Make	Lease Name of Coach Builded Fuel Cell	d Without Driver Propane Other, Special Other, Spe	Stated Limit Leased With Driver QVC/CMC y: Stated Limit Leased With Driver QVC/CMC y: Stated Limit Leased With Driver	Radius

FRAUD STATEMENTS

ARKANSAS, MARYLAND, AND NEW MEXICO: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: 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.

MAINE, TENNESSEE, 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 may include imprisonment, fines, and denial of insurance benefits.

OKLAHOMA: WARNING: 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.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

SIGNATURES

I authorize Northland Insurance Companies to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

Disclosure: In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. The credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

I authorize Northland Insurance Companies to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Northland Insurance Companies.

I hereby certify 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 me, and the same are hereby made as the basis and condition of the insurance. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

State Notices:

Montana: A single loss is among the insurance company's criteria for nonrenewal.

South Carolina: The insurer can cancel this policy for which you are applying without cause during the first 90 days. That is the insurer's choice. After the first 90 days, the insurer can only cancel this policy for reasons stated in the policy.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S TITLE	
APPLICANT'S PRINTED NAME			
PRODUCER'S SIGNATURE	PHONE #	FAX #	