



Indiana Public Auto Application

Entire application must be completed and signed.

GENERAL INFORMATION	Policy Term: FROM: _____ TO: _____	
1. Business Name of Applicant (if partnership, specify each partner)	Phone () ()	Fax () ()
2. Mailing Address	Federal ID or SSN	
3. Garaging Location if Different	E-Mail Address	Website Address
4. Person to Contact (name and phone number)		
5. <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other		5a. Years in business (in your name) _____

DESCRIPTION OF OPERATIONS	Provide details of operation: _____ _____
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6. Check type(s) of operations:

<input type="checkbox"/> Airport Bus	<input type="checkbox"/> Gambling/Casino Transportation	<input type="checkbox"/> School Bus
<input type="checkbox"/> Airport Limo	<input type="checkbox"/> Employee Transportation	<input type="checkbox"/> Scout Bus
<input type="checkbox"/> Airport Shuttles	<input type="checkbox"/> Employment Service	<input type="checkbox"/> Senior Citizen Transportation
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Hotel/Motel Courtesy Bus	<input type="checkbox"/> Sightseeing Bus
<input type="checkbox"/> Athletes & Entertainers Transportation	<input type="checkbox"/> Inter City Bus	<input type="checkbox"/> Social Service
<input type="checkbox"/> Charter Bus	<input type="checkbox"/> Kiddie Cab	<input type="checkbox"/> Railroad Worker Transportation
<input type="checkbox"/> Church Bus	<input type="checkbox"/> Limousine	<input type="checkbox"/> Taxi
<input type="checkbox"/> Courtesy Bus	<input type="checkbox"/> Luxury Sedan – Corporate Transfer	<input type="checkbox"/> Trolley Bus
<input type="checkbox"/> Day Care	<input type="checkbox"/> Non-Emergency Medical	<input type="checkbox"/> Urban Bus
<input type="checkbox"/> Drum & Bugle Corp and Amateur Sports Team	<input type="checkbox"/> Physically Impaired Transportation	<input type="checkbox"/> Van Pools
<input type="checkbox"/> OTHER: (describe) _____	<input type="checkbox"/> Prisoner Transportation	

7. Has this business ever been operated under a different name? Yes No If yes, explain. _____

Do you own/operate any other transportation companies? Yes No If yes, explain. _____

Provide names and describe operations. _____

8. Is your operation seasonal in nature? Yes No If yes, explain. _____

9. Do you transport passengers for hire? Yes No

Are you a for profit organization? Yes No

Do you do any incidental package delivery? Yes No Explain. _____

10. What percent of your trips are to and from the airport? _____ % Annual Fleet Mileage _____ Trips _____

11. Do any of your vehicles have special equipment for transporting the physically impaired? Yes No
If yes, complete PHYSICALLY IMPAIRED AND SENIOR CITIZEN VEHICLES section on page 5.

12. Is there any personal use of scheduled autos? Yes No If yes, are there any drivers under age 25? Yes No
If yes, describe. _____
(ALL potential drivers in household must be shown under "DRIVER INFORMATION.")

13. Do you ever lease, rent, hire or borrow vehicles? Yes No **IF YES, ANSWER THE FOLLOWING:**

A. Types of vehicles leased, rented, hired or borrowed _____

B. Number of times in last 12 months: With Driver _____ Without Driver _____ Last year's cost of hire \$ _____

C. Under whose authority is the equipment operated? Yours Theirs

D. Is there a written contractual agreement? Yes No This year's estimated annual cost of hire \$ _____

E. Do you hire, lease or borrow vehicles from a subsidiary or another company you own? Yes No

14. Do you arrange for another operation to "fill in" when you have an overflow of business? Yes No
IF YES, ANSWER THE FOLLOWING:
 A. How often? _____
 B. Is there a written contractual agreement? Yes No
 C. How are they compensated? _____
15. Do you lease or loan your vehicles to others for their business? Yes No **IF YES, ANSWER THE FOLLOWING:**
 A. Explain the circumstances. _____
 B. Do you provide the driver? Yes No
 C. Is there a written contract? Yes No
 D. Do you provide the insurance? Yes No
 E. Under whose authority do you operate? Yours Theirs
 F. List any party you lease to which is to be named on your policy (include copies of the contract). _____

16. What percent of your trips are arranged 24 hours in advance? _____ %
17. Do any vehicles sit at sites waiting for business? Yes No If yes, where? _____
18. Are drivers allowed to take vehicles home when not in use? Yes No
19. Do you have a General Liability policy? Yes No
20. Do your employees or volunteers ever use their own vehicles in your business? Yes No
IF YES, or if Non-Owned Coverages being requested, answer the following:
 A. What types of non-owned autos will be used in your business? _____
 B. For what purpose will they be used? _____
 C. Total number of non-owned autos used in your business _____
 D. How many miles per week? _____
 E. Number of employees _____
 F. If you are a social service organization, how many volunteers furnish autos in your operation? _____
 G. Do you require employees or volunteers to have their own insurance? Yes No
 If yes, what are the minimum limits required? _____
21. Do you cross state lines? Yes No
22. Do you have Federal Motor Carrier Safety Administration (FMCSA) or State Operating Authority? Yes No
 A. If yes, indicate Name and Address EXACTLY as filed? _____
 B. FMCSA Docket Number _____ Identify your registration or base state _____
 C. States in which filings are required. _____
 D. Have you ever lost or had authority withdrawn by any regulatory authority or are you currently under probation?
 Yes No If yes, explain in detail. _____
 E. Do you have an FMCSA brokers authority or provide a brokerage service? Yes No
 F. Do you ever allow others to operate under your authority? Yes No
 If yes, explain. _____

INSURANCE AND LOSS HISTORY FOR PAST THREE YEARS				For Fleets > 10 units, attach last 4 years loss runs.		
Policy Term (Mo/Yr)		Company	Policy Number	Premium	No. of Losses	Description & Amount of Each Loss (Including Reserves)
To	From					

NOTE: If three years of prior information is not available, complete a Driver Employment History form on each driver.

23. Has any insurance company cancelled or nonrenewed your policy in the last three years? Yes No

(Missouri Applicants: DO NOT answer this question.)

If yes, explain. _____

DRIVER INFORMATION		Must be completed for ALL full time, part time, and household drivers.					
Driver Additional Drivers – Use TP-261S	Date of Birth	License Number	State	# Years Driving Similar Equipment	Date of Hire	Number Accidents Last 3 Years	Number Violations Last 3 Years

24. Do you agree to report all drivers? Yes No

25. Has any driver had their license revoked or suspended within the last 3 years? Yes No

If yes, explain. _____

26. Do drivers operating vehicles with a seating capacity greater than 15 have:

a. A CDL? Yes No

b. A Passenger Carrier Endorsement? Yes No

27. During the last 12 months, how many drivers have you: Replaced _____ Added _____

28. Driver's pay is calculated by: Trip Mileage Hourly Other _____

29. Are all drivers covered by Workers Compensation insurance? Yes No

30. Do you order MVRs prior to hiring? Yes No

31. Do you order drug testing? Yes No

32. Are any drivers considered independent contractors? Yes No

If yes, explain. _____

DRIVER HIRING, TRAINING AND SAFETY

33. Do you have a driver selection/hiring process? Yes No If yes, describe your selection/hiring process.

34. Do you adhere to a written driver training and safety program? Yes No

If yes, describe or attach program. _____

35. Do you adhere to a written vehicle inspection and maintenance program? Yes No

If yes, describe or attach program. _____

SCHEDULE OF AUTOS TO BE INSURED

All units you own or are leased to you must be scheduled & insured if filings are made.

Additional Units – Use TP-261S					Original Seating Capacity	Gross Vehicle Weight (GVWR)	Stated Value	Radius	Limousines Only		
Unit No.	Model Year	Make	Model	Vehicle Identification #					Length of Stretch	Coachbuilder/Modifier	
										Name	QVM/ CMC
1										<input type="checkbox"/>	
2										<input type="checkbox"/>	
3										<input type="checkbox"/>	
4										<input type="checkbox"/>	
5										<input type="checkbox"/>	
6										<input type="checkbox"/>	
7										<input type="checkbox"/>	
8										<input type="checkbox"/>	
9										<input type="checkbox"/>	
10										<input type="checkbox"/>	

LOSS PAYEE(S)		Schedule all Lessors (L) or Loss Payees (LP) to be listed on the policy.
Unit #	L or LP	Name and Address

36. Is all equipment you own scheduled above? Yes No

37. Is all equipment scheduled above, titled in your name? Yes No

38. Is all equipment operating under your authority, scheduled above? Yes No

Explain any "No" answer. _____

39. How are the vehicles stored (open lot, fenced lot, lighted lot, in building, etc.)? _____

40. Indicate the cities you travel to or through:

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> Nashville	<input type="checkbox"/> Portland
<input type="checkbox"/> Balt./Washington	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Richmond
<input type="checkbox"/> Boston	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New York City	<input type="checkbox"/> St. Louis
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> Salt Lake City
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Omaha	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Chicago	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Phoenix	
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Mpls./St. Paul	<input type="checkbox"/> Pittsburgh	

41. What percent of your trips are to these locations? _____ %

42. Do you travel to Mexico or Canada? Yes No If yes, how often? _____

43. Do you transport passengers to gambling locations? Yes No If yes, what percent of your trips? _____ %

44. SCHOOL BUS ONLY: Are your busses ever used other than to transport students to and from school or school related activities? Yes No If yes, explain. _____

45. SCHOOL BUS FLEET: How many: School Buses _____ Vans _____ Other (explain) _____

46. CHURCH BUS ONLY. Are vehicles ever used for anything other than church sponsored activities? Yes No

If yes, explain. _____

LIMOUSINES AND SEDANS	Complete Questions 47 - 60.
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47. Are you registered or licensed as a: Limousine Yes No Taxi Yes No

48. What percent of your trips are unscheduled? _____ %

49. Do you belong to any local, state, or national limo association? Yes No

If yes, which ones. _____

50. Do you have a passenger ride share program? Yes No

51. Do any vehicles have a fare box or meter? Yes No

52. Do you charge by the: Hour Trip Miles

53. Are your vehicles dispatched or do you share dispatch services with another entity? Yes No

If yes, explain. _____

54. Do you ever transport unscheduled passengers? Yes No

If yes, explain. _____

55. Are vehicles ever leased to drivers? Yes No

If yes, explain circumstances. _____

56. Do drivers wear formal chauffeur's attire? Yes No

57. Are vehicle rates posted inside the vehicle? Yes No

58. If you have corporate contracts to provide transportation, list who the clients are. _____

59. Annual Fleet Mileage _____

60. How do you solicit your business?

<input type="checkbox"/> Advertising	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Curbside	<input type="checkbox"/> Other: Describe _____
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PHYSICALLY IMPAIRED AND SENIOR CITIZENS		Complete Questions 61 - 70.		
		With Loading Ramps	With Wheelchair Lifts	With No Special Equipment
61.	Number of vehicles owned by you:	VANS		
		BUSES		
	(Explain) OTHER			
62.	How many vehicles are equipped with the following wheelchair tie-down mechanisms? 3 point tie-down _____ 4 point tie-down _____			
63.	Are any vehicles not equipped with both lap belts and shoulder harnesses for the passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe. _____			
64.	Describe management's experience operating this class of business. _____ _____			
65.	Do all drivers have a minimum of 1 year experience transporting elderly or those with physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain. _____			
66.	Do you load passengers with walkers on the wheelchair lift? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the process. _____			
67.	Do you transport patients needing emergency medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a trained EMT on board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the limits on your Professional Liability policy? \$ _____			
68.	Do you ever assist passengers from inside their homes, e.g. from their beds to their wheelchairs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
69.	Do your drivers transport the same passengers regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No			
70.	Have all drivers completed formal passenger assistance training? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FULL SIZE VAN SECTION (12-15 Passenger)		Complete Questions 71-77		
71.	Are licensed drivers required to have a CDL with a passenger endorsement or Chauffeur License to operate full size van type vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No			
72.	Are driver assistants on board the vans? <input type="checkbox"/> Yes <input type="checkbox"/> No			
73.	Do you have any cargo racks on your vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No			
74.	Do you tow trailers with your van? <input type="checkbox"/> Yes <input type="checkbox"/> No			
75.	Is seat belt usage mandatory for all drivers and passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
76.	If the van is of a 15 passenger configuration, is the rear-most seat removed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
77.	Have you trained your drivers specifically on how to safely operate the full size van? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____			

SCHOOL BUS SECTION		Complete Questions 78-83		
78.	Are all buses school bus yellow? <input type="checkbox"/> Yes <input type="checkbox"/> No			
79.	Are all buses equipped with stop arms, flashers, area mirrors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
80.	Are any vehicles other than school buses utilized to transport students? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____			
81.	Do you provide transportation services in addition to school transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe _____			
82.	Do you have any handicap accessible vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, complete questions 61-70 of the public auto application.			
83.	Are driver assistants on board the buses? <input type="checkbox"/> Yes <input type="checkbox"/> No			

COVERAGES AND LIMITS	NOTE: If you transport passengers for-hire interstate, an FMCSA filing is required and you must carry the following minimum limits: Seating Capacity of 15 or less: \$1,500,000 OR Seating Capacity of 16 or more: \$5,000,000.		
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Hired Auto Liability	<input type="checkbox"/> Non-ownership Liability	
<input type="checkbox"/> CSL \$ _____	<input type="checkbox"/> Split Limits: BI \$ _____ per person / \$ _____ per accident		
<input type="checkbox"/> Medical Payments \$ _____		PD \$ _____ per accident	
PHYSICAL DAMAGE	Deductible	<input type="checkbox"/> Cargo Limit \$ _____	<input type="checkbox"/> Rental Reimbursement
<input type="checkbox"/> Comprehensive OR <input type="checkbox"/> Specified Causes	\$ _____	Deductible \$ _____	Days of Coverage _____
<input type="checkbox"/> Collision of Loss	\$ _____	Commodity _____	Amt. Per Day \$ _____
UNINSURED/UNDERINSURED MOTORIST		<input type="checkbox"/> Towing and Labor <input type="checkbox"/> Lease/Loan Downtime	
Uninsured Motorist Limits: _____		<input type="checkbox"/> Financed Value Coverage	
<input type="checkbox"/> BI Only			
<input type="checkbox"/> BI & PD Full Coverage			
<input type="checkbox"/> BI & PD \$300 Deductible			
<input type="checkbox"/> Underinsured Motorist Limits: _____			

AGREEMENTS AND SIGNATURES	
<p>I authorize Northland Insurance Companies to obtain a copy of any Motor Vehicle Report for rating and 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.</p> <p>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. Your 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.</p> <p>Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.</p> <p>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.</p> <p>I hereby certify and agree 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 they are known to me, and are hereby made as the basis and condition of the insurance. 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. By signing below, I affirm full knowledge of an adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.</p> <p>Applicant's Signature _____ Date _____</p> <p>Agency Name _____</p> <p>Address _____</p> <p>Phone () _____</p> <p style="text-align: right;">AGENT'S SIGNATURE _____</p> <p style="text-align: right;">Are you the producer currently writing this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

COMPANY USE ONLY	This is a: <input type="checkbox"/> New <input type="checkbox"/> Renewal in our office.
If filings are required, complete N-710, Filings Request. _____	
GENERAL AGENT'S SIGNATURE	