

National Casualty Company

Home Office:
16 North Carroll Street, Suite 209 • Madison, Wisconsin 53703-2783
Property/Casualty Division:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752



Public Auto Supplemental Application Charter/Sightseeing/Intercity Buses

1. **Indicate type of operations conducted.** If more than once, show percentage of total:
 Charter bus: chartered for special trips, touring, picnics, outings and similar uses. _____ %
 Sightseeing bus: accepts individual passengers for a fare for sightseeing or guided tours. _____ %
 Intercity bus: picks up and transports passengers on a published schedule of stops. _____ %
2. **Give a brief description of operations:** _____

3. **List all jurisdictions where the applicant is required to file evidence of liability insurance.** Include docket numbers: _____

4. **Show the exact name and address to be used on regulatory filings:** _____

5. **Has any applicant ever had their authority suspended or revoked?** Yes No If yes, explain: _____

6. **List the five most frequent runs made from starting point to final destination:**
 1. _____ to _____
 2. _____ to _____
 3. _____ to _____
 4. _____ to _____
 5. _____ to _____
7. **List the five longest trips made in the past year:**
 1. _____ to _____
 2. _____ to _____
 3. _____ to _____
 4. _____ to _____
 5. _____ to _____

8. Have there been any material changes in operations in the past five years or are there any expected in the coming year, including plans for rapid growth or expansion? Yes No If yes, explain: _____

9. Does the applicant ever:

a. Lease, hire or borrow buses from others with drivers? Yes No

If yes, explain and give annual cost of hire: _____

b. Lease, hire or borrow buses from others without drivers? Yes No

If yes, explain and give annual cost of hire: _____

c. Lease, hire out or lend buses to others with drivers? Yes No

If yes, explain and give annual cost of hire: _____

d. Lease, hire out or lend buses to others without drivers? Yes No

If yes, explain and give annual cost of hire: _____

e. Do any employees use their personal autos in the applicant's business? Yes No

If yes, explain and give details: _____

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



National Casualty Company

Scottsdale Indemnity Company

FIRST PARTY BENEFITS COVERAGE—PENNSYLVANIA

- A. Medical Expense Benefit: Coverage to reimburse you for reasonable and necessary medical treatment and services incurred.
B. Income Loss Benefit: Coverage to replace a portion of lost income and reimburse you for expenses in securing replacement services.
C. Accidental Death Benefit: A death benefit paid in the event of the death of an injured person due to a covered auto accident.
D. Funeral Benefit: Coverage to pay for direct funeral, burial and other related expenses incurred as a result of the death of an insured person due to a covered accident.

According to Pa. C. S. Title 75 Chapter 17, you are required to purchase a minimum of \$5,000, Medical Expenses. All other options listed below (including a higher limit of Medical Payments) are choices for you to make. Indicate your choice of options shown below for each coverage. Then date and sign this form and return to your Agent.

BENEFIT LEVEL OPTIONS: (Include your choice by marking the box with a "X" for each coverage or for your choice of Combination Benefits option).

- A. MEDICAL EXPENSES: Per Person, Per Accident with minimum and maximum benefits as shown:
B. INCOME LOSS: Per Month, Per Person, Per Accident with minimum and maximum benefits as shown:
C. ACCIDENTAL DEATH: Per Person, Per Accident with minimum and maximum benefits as shown:
D. FUNERAL EXPENSE: Per Person, Per Accident with minimum and maximum benefits as shown:

OR

- COMBINATION BENEFITS: This coverage is a combination of benefits. Do not complete this section if you have elected to purchase any of the above options.
\$ 50,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$
\$ 100,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$
\$ 177,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits) \$
\$ 277,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits) \$

AND

EXTRAORDINARY MEDICAL BENEFIT (EMB): Extraordinary Medical Benefits Coverage is an optional coverage. It pays the medical expenses of eligible persons for accidents covered under your policy. Payments under this coverage begin only when covered medical expenses exceed \$100,000 and capped at the lifetime limit of \$1,000,000.

The first \$100,000 of medical expenses are not covered by this coverage. If you select the Extraordinary Medical Benefits Coverage and your First Party Medical Benefits limit is less than \$100,000, you will be responsible for the difference.

- Do not include; \$100,000 \$300,000 \$500,000 \$1,000,000.

Named Insured

Policy Number

First Named Insured

Position

Signature of First Named Insured

Date



SCOTTSDALE INSURANCE COMPANY®

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UNINSURED MOTORIST (UM) COVERAGE LIMITS OFFER—PENNSYLVANIA

Named Insured: _____

Policy Number: _____

Uninsured motorist coverage provides protection for damages incurred as a result of an accident with an uninsured motor vehicle. Pennsylvania law requires Uninsured Motorist protection be offered, but the purchase is optional. There is an additional premium for this coverage. Coverage can be rejected by the signing of a separate form.

If you have decided to purchase Uninsured Motorist (UM) protection, the law allows you to select a limit no less than \$35,000 or no more than the Combined Bodily Injury and Property Damage Coverage Limit this policy presently provides. We have provided several options for the Uninsured Motorist (UM) limit.

Please check the box indicating the limit for either a combined coverage limit or split limit with or without stacked limits. Stacking means you can claim a total of the amounts of uninsured motorist coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limits of uninsured motorist coverage. There is an additional premium for this coverage. Stacked coverage can be rejected by the signing of a separate form.

Please indicate your choice(s) below:

Uninsured Motorist (UM)

| Non-stacked | | Stacked | |
|--------------------------------------|---|--------------------------------------|---|
| Combined Limits | Split Limits | Combined Limits | Split Limits |
| <input type="checkbox"/> \$ 35,000 | <input type="checkbox"/> \$ 15,000/\$ 30,000 | <input type="checkbox"/> \$ 35,000 | <input type="checkbox"/> \$ 15,000/\$ 30,000 |
| <input type="checkbox"/> \$ 50,000 | <input type="checkbox"/> \$ 50,000/\$ 100,000 | <input type="checkbox"/> \$ 50,000 | <input type="checkbox"/> \$ 50,000/\$ 100,000 |
| <input type="checkbox"/> \$ 100,000 | <input type="checkbox"/> \$100,000/\$ 300,000 | <input type="checkbox"/> \$ 100,000 | <input type="checkbox"/> \$100,000/\$ 300,000 |
| <input type="checkbox"/> \$ 250,000 | <input type="checkbox"/> \$250,000/\$ 500,000 | <input type="checkbox"/> \$ 250,000 | <input type="checkbox"/> \$250,000/\$ 500,000 |
| <input type="checkbox"/> \$ 500,000 | <input type="checkbox"/> \$500,000/\$ 1,000,000 | <input type="checkbox"/> \$ 500,000 | <input type="checkbox"/> \$500,000/\$ 1,000,000 |
| <input type="checkbox"/> \$ 750,000 | | <input type="checkbox"/> \$ 750,000 | |
| <input type="checkbox"/> \$1,000,000 | | <input type="checkbox"/> \$1,000,000 | |

By signing and dating this limits offer, I am selecting the above limits for Uninsured Motorists (UM). I act on full authority of all insureds under this policy. I realize these limits will remain unchanged on future policies unless I notify the insurance company in writing.

First Named Insured

Position

Signature of First Named Insured

Date



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**REJECTION OF STACKED UNINSURED MOTORIST
COVERAGE LIMITS—PENNSYLVANIA**

By signing this waiver, I am rejecting **stacked** limits of uninsured motorist under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Named Insured

Policy Number

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REJECTION OF UNINSURED MOTORIST PROTECTION—PENNSYLVANIA

By signing this waiver, I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Named Insured

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UNDERINSURED MOTORIST (UIM) COVERAGE LIMITS OFFER—PENNSYLVANIA

Named Insured: _____

Policy Number: _____

Underinsured motorist coverage provides protection for damages incurred as a result of an accident with an underinsured motor vehicle. Pennsylvania law requires Underinsured Motorist protection be offered, but the purchase is optional. There is an additional premium for this coverage. Coverage can be rejected by the signing of a separate form.

If you have decided to purchase Underinsured Motorist (UIM) protection, the law allows you to select a limit no less than \$35,000 or no more than the Combined Bodily Injury and Property Damage Coverage Limit this policy presently provides. We have provided several options for the Underinsured Motorist (UIM) limit.

Please check the box indicating the limit for either a combined coverage limit or split limit with or without stacked limits. Stacking means you can claim a total of the amounts of underinsured motorist coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limits of uninsured motorist coverage. There is an additional premium for this coverage. Stacked coverage can be rejected by the signing of a separate form.

Please indicate your choice(s) below:

Underinsured Motorist (UIM)

| Non-stacked | | Stacked | |
|--------------------------------------|---|--------------------------------------|---|
| Combined Limits | Split Limits | Combined Limits | Split Limits |
| <input type="checkbox"/> \$ 35,000 | <input type="checkbox"/> \$ 15,000/\$ 30,000 | <input type="checkbox"/> \$ 35,000 | <input type="checkbox"/> \$ 15,000/\$ 30,000 |
| <input type="checkbox"/> \$ 50,000 | <input type="checkbox"/> \$ 50,000/\$ 100,000 | <input type="checkbox"/> \$ 50,000 | <input type="checkbox"/> \$ 50,000/\$ 100,000 |
| <input type="checkbox"/> \$ 100,000 | <input type="checkbox"/> \$100,000/\$ 300,000 | <input type="checkbox"/> \$ 100,000 | <input type="checkbox"/> \$100,000/\$ 300,000 |
| <input type="checkbox"/> \$ 250,000 | <input type="checkbox"/> \$250,000/\$ 500,000 | <input type="checkbox"/> \$ 250,000 | <input type="checkbox"/> \$250,000/\$ 500,000 |
| <input type="checkbox"/> \$ 500,000 | <input type="checkbox"/> \$500,000/\$ 1,000,000 | <input type="checkbox"/> \$ 500,000 | <input type="checkbox"/> \$500,000/\$ 1,000,000 |
| <input type="checkbox"/> \$ 750,000 | | <input type="checkbox"/> \$ 750,000 | |
| <input type="checkbox"/> \$1,000,000 | | <input type="checkbox"/> \$1,000,000 | |

By signing and dating this limits offer, I am selecting the above limits for Underinsured Motorists (UIM). I act on full authority of all insureds under this policy. I realize these limits will remain unchanged on future policies unless I notify the insurance company in writing.

First Named Insured

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**REJECTION OF STACKED UNDERINSURED MOTORIST
COVERAGE LIMITS—PENNSYLVANIA**

By signing this waiver, I am rejecting **stacked** limits of underinsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated on the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

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REJECTION OF UNDERINSURED MOTORIST PROTECTION—PENNSYLVANIA

By signing this waiver, I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Named Insured

Policy Number

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Position

Signature of First Named Insured

Date