

C. DESCRIPTION OF OPERATIONS

1. Describe your business: _____
2. List all states in which your autos are operated: _____
3. List the five (5) most frequent city destinations: _____

4. List cities, counties or other regulatory agencies that require filings. (Give specifics):

5. Do your vehicles ever transport commodities, other than passengers, baggage or mail? Yes No
If yes, describe types of commodities and include copies of bills of lading or contacts:

6. What percent of your trips are to and from airport grounds or land contiguous to the airport (hotels, motels, rental car agencies, ect.)? _____%
7. Do you use the vehicles for personal use? Yes No If yes, what percentage of time? _____%
Describe personal use: _____
8. List ALL sources of revenue in your business: _____
9. Do you operate as a taxi? Yes No
10. Do you charge a rental or lease fee to any employee, independent contractor or the general public?
 Yes No If yes, is fee charged: _____ daily? _____ weekly? _____ monthly? _____ yearly?
11. How many employees do you have? _____
12. Who is your Workers Compensation carrier? _____

D. SCHEDULE OF EQUIPMENT (Attach separate list if necessary)

Veh. Yr.	Manufacturer	17 Digit (VIN)	Vehicle Class* See below	Seating Capacity	Radius of Operation	Current Value Limit	Loss Payee Name & Address

*** VEHICLE TYPE/CLASS**

- | | |
|--------------------------------|--------------------------------|
| Limousine | Athletes/Entertainers |
| Airport Limousine | Charter Bus |
| Church, Boy, or Girl Scout Bus | Kiddie Kab/Day Care |
| School Bus | Bus Not Otherwise Classified |
| Airport Bus | Non-Emergency Medical |
| Social Service | Private Passenger/Service Unit |

1. Do you own or operate any equipment not listed on the schedule? Yes No
If yes, explain: _____
2. Is any equipment not garaged or stored at the garage location? Yes No
If yes, explain: _____
3. Do all of your insured vehicles contain permanently installed video cameras? Yes No
If yes, how many and where are they located? _____
4. Do you operate stretch limousines? Yes No If yes, what is the length of the stretch? _____ inches.
5. Are any vehicles equipped with a meter or bubbletop? Yes No
6. Does your equipment have any special features (converted or altered seating capacity, extended length, double-decker, articulated, lift-equipped, over 12 feet in height)? Yes No If yes, explain: _____
7. Do you have any special equipment for hauling the disabled? Yes No If yes, explain: _____
8. If Physical Damage Coverages are desired, advise:
 - a) Maximum value of equipment kept at one location: \$ _____
 - b) Maximum value of equipment housed in any one building \$ _____

COMPLETE THE FOLLOWING IN REGARD TO ANY EQUIPMENT LEASING (Attach Copies of All Equipment Lease Agreements)

Leases from Others - Short Term Yes No Leases from Others - Long Term Yes No

With Driver Applicant Responsible for Insurance Without Driver Applicant Not Responsible for Insurance

No. Buses Per Year No. Trips Per Year Income Derived \$ _____

Leases to Others - Short Term Yes No Leases to Others - Long Term Yes No

With Driver Applicant Responsible for Insurance Without Driver Applicant Not Responsible for Insurance

No. Buses Per Year No. Trips Per Year Income Derived \$ _____

E. ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS

IF CERTIFICATE OF INSURANCE OR ADDITIONAL INSURANCE ENDORSEMENT IS REQUIRED, SHOW INFORMATION INCLUDING INTEREST (I.E., LIENHOLDER, OWNER, PRIME CARRIER, ETC.)

Name & Address of Additional Insured or Certificate Holder	Reason Needed (Relationship)	Cancellation (Requirements)

F. DRIVER INFORMATION (Attach separate list if necessary)

Driver #	Name	Date of Birth	Driver's License # & State	# Yrs. Comm. Driving	Date Hired	# of Acc (A) Mov Viol (MV) Last 4 Yrs.	* Any Physical Impairments
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

* If Yes, Give Details

- Are physical examinations and drug test required as part of your driver hiring procedures? Yes No
- Do you have a random drug testing program in effect? Yes No
- Do you have any drivers that have been granted physical defect waivers? Yes No
- Are drivers given special training on handling the disabled/sensitivity training? Yes No
If yes, explain: _____

IMPORTANT NOTICE
All new drivers hired during the term of this policy must be immediately reported to the company. Failure to report may result in termination of this policy. Report new drivers to your agent.

G. GENERAL LIABILITY

1. Premises.	Location	Owned (O) or Leased (L)	Indicate Square Feet		
			Office Area	Repair Garage	Parking
A.	_____				
B.	_____				
2.	Other General Liability Exposures (Shelters, Terminals & Bus Stops). Indicate number of each.				
3.	Any losses under Personal Injury, Fire Legal, Medical Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe.				

H. **PREVIOUS INSURANCE EXPERIENCE - Must be Completed**

Coverage	Period Mo/Yr. Mo/Yr.	Carrier	Policy #	Premiums	Paid Losses	Reserves	# of Claims	Type of Claims
Auto Liability	_____ to _____ _____ to _____ _____ to _____							
Auto Physical Damage	_____ to _____ _____ to _____ _____ to _____							
General Liability	_____ to _____ _____ to _____ _____ to _____							
Cargo	_____ to _____ _____ to _____ _____ to _____							

ADDITIONAL CLAIMS INFORMATION	
Name of EXCESS CARRIER	MCS-90-B Issued at Excess Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
Policy #	

1. Have you ever had insurance with Carolina Casualty? Yes No
If yes, list year _____ and policy number _____.
2. Has any company CANCELLED OR REFUSED to renew any prior insurance policy for which you are now applying?
(No response required for Missouri applicants.) Liability Yes No Physical Damage Yes No

APPLICANT

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OR A CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF INSURANCE FRAUD.

PRIVACY NOTIFICATION: A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED TO AFFILIATED AND NON-AFFILIATED COMPANIES FOR NON-INSURANCE MARKETING PURPOSES, UNLESS YOU WRITE TO US AT THE ADDRESS PROVIDED WITH YOUR POLICY AND DIRECT US NOT TO MAKE SUCH DISCLOSURE.

YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, PLEASE WRITE TO US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

APPLICANT AGREES to furnish, promptly, driver data for every driver engaged during the policy period. Applicant, Agent or Broker understand and agree that no flat cancellation will be allowed. Agent and / or Broker guarantee payment of earned premium to final termination date of policy or of any filing made by the company on behalf of the Applicant.

COVERAGE HAS NOT COMMENCED. You, or your agent, may commence coverage only by requesting a licensed general agent of Carolina Casualty Insurance Company to bind coverage. A binder of insurance will be issued by our licensed general agent specifying the date and time coverage will become effective, but in no event shall coverage become effective prior to the date and time you, or your agent, contact a licensed general agent of Carolina Casualty Insurance Company and coverage is bound by him or her.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR REWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICANT CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Federal Employees Identification Number is : _____

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

Applicant's Signature

Date Application Completed

BROKERING AGENT'S REGISTER # _____

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is _____ Bound effective _____ (time) _____ (date) ; _____ Not Bound

Binder must be approved by Authorized Licensed Representative of Carolina Casualty Insurance Company.

Signature of Producing Agent _____

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 MATERIAL 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.

NOTICE TO VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

MUST BE SIGNED BY APPLICANTS:

I hereby authorize Carolina Casualty Insurance Company and/or the Producing Agent to obtain from the proper authority a copy of my Motor Vehicle Report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I hereby represent that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby represent that the information above is true. I have read this application and all of the responses are mine and not supplied by the producer, agent or company.

I hereby represent that this information is true.

Date Application Completed _____

Applicant's Signature _____

Licensed Agent of the Company

Name & Address of
Producer _____

Producer Federal ID# _____

Producer Phone Number _____

Producer Signature _____