

MISCELLANEOUS PUBLIC AUTO PROGRAM RENEWAL APPLICATION

1. **APPLICANT'S NAME:** _____ Phone No. () _____
Current Policy Number: _____ **Renewal Date:** _____

COMPLETE THE FOLLOWING: Have there been any changes? **PLEASE EXPLAIN ALL YES ANSWERS.**

- A. Named Insured Yes No _____
- B. Address of Insured Yes No _____
- C. Area of Operation (Route) Yes No _____
- D. Maximum Radius Yes No _____

- E. Are any changes in limits or coverages required? Yes No If yes, explain: _____

- F. Has there been any other change in your operation? Yes No If yes, explain: _____

2. ADDITIONAL INFORMATION

- A. Do all of your insured vehicles contain permanently installed video cameras? Yes No
 If yes, how many and where are they located? _____
- B. Are vehicles operated 50% or more of time to/from airport grounds or land contiguous to the airport (IE hotels, motels, rental car agencies, ect.)? Yes No
- C. Do you operate stretch limousines? Yes No If yes, what is the length of the stretch? _____ inches.
- D. Do you use the vehicles for personal use? Yes No If yes, what percentage of time? _____ %
- E. Are any vehicles equipped with a meter or bubbletop? Yes No
- F. List ALL sources of revenue in your business: _____

- G. Do you operate as a taxi? Yes No
- H. 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?
- I. How many employees do you have? _____
- J. Who is your Workers Compensation Carrier? _____

3. DRIVER INFORMATION FOR ALL CURRENT DRIVERS (Attach separate sheet if necessary)

Driver's Name (As shown on Driver's License)	Date of Birth	Driver's License Number and State Where Licensed	Years Licensed	Years Driving Similar Vehicle	Date of Hire	No. of Accidents Last Three Years	No. of Convictions Last Three Years	No. of Violations Last Three Years

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.

4. VEHICLE INFORMATION (Attach separate sheet if necessary) (*or Specified Perils)

Model Year	Manufacturer	Passenger Size	17 Digit Vehicle ID Number	Vehicle Class ** See Below	Radius of Operation	Current Value Limit	*Specified Causes of Loss or Comp Ded.	Collision Deductible	Loss Payee

**** 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 |

5. Are FHWA (previously ICC/PUC) filings to be renewed? Yes No Any Changes? Yes No
 If yes, explain: _____
 Is all owned or leased equipment scheduled above? Yes No
 Is all equipment operating under your authority scheduled above? Yes No
6. Remarks: _____

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 APPLICATION 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. **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 the information above is true.

Date Application Completed _____	Name & Address of Producer _____
Applicant's Signature _____	Producer Federal ID# _____
Licensed Agent of the Company _____	Producer Phone Number _____
	Producer Signature _____