



PUBLIC AUTOMOBILES APPLICATION

- Acceptance Casualty Insurance Company
- Acceptance Indemnity Insurance Company

- Occidental Fire & Casualty Co. of North Carolina
- Wilshire Insurance Company

Agent/Agency: _____ **Date Submitted:** _____

1. Applicant/Named Insured: _____
 (DBA): _____
 Mailing Address: _____
 List all Garaging Locations: _____

Contact Name: _____ Phone: _____
 Website Address: _____ Fax: _____

- a. Form of business: Individual Corporation Partnership Other: _____
- b. Proposed effective date: _____ Federal Tax ID #: _____ Years in business: _____
- c. Are current financials attached? Yes No Have you ever filed for bankruptcy? Yes No
- d. Ever operated under a different name? Yes No
 If yes, provide name(s): _____
- e. Do you have any subsidiaries? Yes No
 If yes, provide details of relationship: _____

2. Do you lease or hire any vehicles from others? Yes No
 Estimated annual expenditure for hired or leased equipment, including driver's wages: \$ _____

3. Describe **all** operations conducted by you (passenger-carrying or otherwise). Indicate whether use of automobiles is regular (**R**) or occasional (**O**).

Description of Operation	Auto Use (R or O)

4. Are you required to file evidence of Automobile Liability insurance with any Federal, State, County, Municipal, Town or other authorities? Yes No

If yes, complete the following:

- a. To whom is such evidence to be furnished? _____
- b. What form for evidence is required? _____
- c. What limits of liability are required? _____
- d. To which vehicles is such evidence to apply? _____

Risk Bound? Yes No Date Bound: _____ Time Bound: _____ Broker Initials: _____

5. Provide actual gross receipts for past 12 months and estimated gross receipts for next 12 months:

Type of Operation	Actual Gross Receipts (Past 12 months)	Estimated Gross Receipts (Next 12 months)
	\$	\$
	\$	\$
	\$	\$
	\$	\$

6. Do you have agreements with any other passenger carriers for the interchange of equipment or transportation of passengers? Yes No

If yes, attach copy of agreements and complete the following:

a. With whom have such agreements been made? _____

b. Do the parties named in a. above carry Automobile Liability insurance? Yes No

If yes, name of Insurance Company: _____

Limits of Liability (Bodily Injury and Physical Damage): _____

c. Under whose permit does each party to the agreement operate? _____

7. Do you, at any time, engage in, advertise, solicit or contemplate the transportation of passengers on charter or sight-seeing trips? Yes No

If yes, complete the following:

	# of Trips	Average Mileage Per Trip	Point of Destination for Longest Trip
Past 12 months			
Next 12 months (estimated)			

8. Do you ever transport groups of passengers who are physically or mentally handicapped? Yes No

If yes, explain: _____

9. Do you hire any drivers under 25? Yes No Do you hire any drivers over 65? Yes No

Do you hire any part-time drivers? Yes No Is equipment owner-driver only? Yes No

Driver Information. List all currently employed drivers. Show additional drivers in lines provided below the table.

Name	Date of Birth	Driver's License Number & State	Years Experience	Date of Hire	Past Three (3) Years	
					# Accidents *	# Traffic Violations *

* Provide details of all accidents and traffic violations for the last three years. List additional drivers if applicable.

10. **Routes.** Provide complete route information for regular and occasional routes (outgoing and return). Include principal cities or towns through which vehicles pass, as well as terminal points.

	From	To	Route (Cities, towns, terminal points, route #s)	Miles	# Trips Daily	Hours Per Run	Check Box if Route is Regular Schedule **
1.							<input type="checkbox"/> Regular
2.							<input type="checkbox"/> Regular
3.							<input type="checkbox"/> Regular
4.							<input type="checkbox"/> Regular
5.							<input type="checkbox"/> Regular

**** Attach time-table for ALL Regular Schedules**

11. **Schedule of Units.** Describe ALL equipment (private passenger, commercial, public passenger) you own and "X" box by Unit # for equipment on which application for insurance is made.

Unit #	Year	Make/Model	Complete VIN	Body Type	Seating Capacity	Type of Registration Certificate	Use	Stated Value
<input type="checkbox"/> 1.								\$
<input type="checkbox"/> 2.								\$
<input type="checkbox"/> 3.								\$
<input type="checkbox"/> 4.								\$

Additional Coverage Comments/Notes: _____

My signature below indicates that I have reviewed this application, list of drivers, list of equipment and have assigned the Stated Value (defined as actual value of equipment at the time of loss incurred) to each unit to be insured for physical damage coverage. I am aware that the value of this equipment can vary with the current marketplace. I have assumed responsibility for insuring only the equipment shown on this application.

I authorize the Company to obtain a copy of my Motor Vehicle Record 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. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK 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 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.

_____	_____	_____
Applicant Name	Applicant Signature	Date
_____	_____	_____
Producer Name	Producer Signature	Date