

National Casualty Company
Home Office: Madison, Wisconsin
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Insurance Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

**Public Auto Supplemental Application
Airport Transport/Limousine
(Complete in addition to the Commercial Automobile Application)**

**PROVIDE COPIES OF DRIVER TRAINING MANUAL AND SAFETY PROCEDURES AND
COACH BUILDER INFORMATION**

Applicant's Name: _____

1. **Indicate type of operations.** If more than one, show percentage of total:
 Operated for hire on a pre-arranged basis for special or business functions, weddings, funerals or similar purposes. %
 Transportation of passengers between airports and other passenger stations or hotels. %
 Transportation of passengers between airports and residences %
2. **List all cities entered:** _____

3. **Scheduled trips:** % **Unscheduled trips:** %
4. **Percentage of vehicles registered as: Taxis:** % **Limousines:** %
5. **Are vehicles bubbled or metered?** %
6. **Are vehicles equipped with alarms?** Yes No
7. **Where are the vehicles kept when not in use?** _____
8. **If vehicles are stored at one location, describe the type of location and its security:** _____

9. **Are drivers allowed to take vehicles home when not in use?** Yes No
If yes, what is your policy on personal use of the vehicles? _____

10. **Do any vehicles provide open-air seating, rumble seats, convertible tops or hot tubs?** Yes No
If yes, what vehicles? _____

11. **What are your estimated annual gross receipts for the coming year?** _____
12. **What are your estimated annual gross receipts for the last year?** _____
13. **What percentage of gross receipts are from overflow business from the other livery services subcontracted to you?** %

14. Do you plan on expanding your operation or adding additional vehicles during the coming year? Yes No

If yes, explain: _____

15. Do you operate any other type of public livery operations?..... Yes No

If yes, explain the type of operation and where it is insured: _____

16. Does the applicant ever lease, rent or borrow vehicles from others?..... Yes No

If yes, indicate the number of vehicles and complete the Hired & Non-owned Supplemental Application.

	Lease from Others		Rent from Others		Borrow from Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

17. Does the applicant ever lease, rent or loan vehicles to others? Yes No

	Lease from Others		Rent from Others		Borrow from Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

DRIVER INFORMATION

18. Identify the types of special driver training programs that your drivers receive:

- CPR
- Defensive driving
- Emergency vehicle evacuation
- General driver orientation
- Human relations skills
- Passenger assistance training
- Primary first aid

19. What method is used when hiring a new driver?

- Background check
- Review of MVR prior to employment
- Road test
- Written application
- Other Explain: _____

20 Criteria for hiring drivers: Minimum Age: _____ Years of Chauffeur Experience: _____

Describe MVR standards: _____

21. Are new drivers required to ride with an experienced driver? Yes No

If yes, how long? _____

22. Current number of full-time drivers: _____

23. How many part-time/seasonal drivers do you have? _____

24. Formal attire required for drivers? Yes No

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.

FRAUD WARNING (APPLICABLE IN FLORIDA):

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.

FRAUD WARNING (APPLICABLE IN MAINE):

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 or a denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

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.

FRAUD WARNING 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 commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner, or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT'S NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)