

**National Casualty Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 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**  
 (Complete in addition to the Commercial Automobile Application)

1. **Applicant's Name:** \_\_\_\_\_

2. **Provide website address if applicable:** \_\_\_\_\_

3. **Description of operations (check all that apply):**

Operations Type	%	Vehicle Count	Operations Type	%	Vehicle Count	Operations Type	%	Vehicle Count
Airport Bus			Day Care			Physically Impaired Transportation		
Airport Limo			Employee Transportation			Prisoner Transportation		
Airport Shuttles			Gambling/Casino Transportation			Railroad Worker Transportation		
Amateur Sport Team			Hotel/Motel Courtesy Bus			School Bus		
Ambulance			Inter City Bus			Sightseeing Bus		
Athletes & Entertainers			Kiddie Cab			Taxi		
Car Service			Limousine			Transportation		
Charter Bus			Luxury Sedan—Corporate			Trolley Bus		
Church Bus			Paratransit			Urban Bus		
Courtesy Bus			Party Bus			Van Pools		

Other—Describe: \_\_\_\_\_

4. **Have there been any changes in operations in the past five years or are there any expected in the coming year, including plans for growth, expansion or changes in routes?** .....  Yes  No

If yes, please describe: \_\_\_\_\_

5. **Percentage of trips scheduled twenty-four (24) hours or more in advance:**..... \_\_\_\_\_%

6. **Operation is:**.....  Profit or  Not-For-Profit

Name of non-profit organization: \_\_\_\_\_

7. **Are any trips arranged through a Transportation Network Company (ridesharing) such as Uber, Lyft, Sidecar, etc?** .....  Yes  No  
If yes, provide name of company and percentage of total trips: \_\_\_\_\_
8. **Do you have any contracts of signed agreements in place to provide transportation service for a specific company?** .....  Yes  No  
If yes, provide name of company and copy of contract: \_\_\_\_\_
9. **What are the hours of operation?** \_\_\_\_\_
10. **What are the maximum hours per day of operation?** \_\_\_\_\_
11. **Does the auto and driver remain in attendance at the beginning and the end of the function?**.....  Yes  No
12. **Do you transport passengers with special needs or where special security or handling is needed?** .....  Yes  No  
If yes, describe: \_\_\_\_\_
13. **Do you pick-up and drop off children at their homes?**.....  Yes  No
14. **Do drivers ever assist passengers to or from inside their homes?** .....  Yes  No
15. **Is the use of safety restraints required for all passengers?** .....  Yes  No
16. **Is alcohol available in your vehicle?** .....  Yes  No  
If yes, is it provided by the insured? .....  Yes  No
17. **Are autos used to transport professional athletes or entertainers?**.....  Yes  No  
If yes, list organization or name: \_\_\_\_\_
18. **Are vehicles used to transport any railroad workers?** .....  Yes  No
19. **Is the applicant required to register with the federal government in accordance with the Migrant and Seasonal Agricultural Worker Protection Act (29 USCA Section 1801)?** .....  Yes  No

**EQUIPMENT**

1. **Are all vehicles owned by and registered by the named insured?** .....  Yes  No  
If no, advise relationship of autos' ownership to the applicant: \_\_\_\_\_  
Are they leased, etc.? .....  Yes  No  
Give details: \_\_\_\_\_
2. **Are all registered/owned vehicles scheduled on the insured's policy?** .....  Yes  No  
If no, are any registered as spares? .....  Yes  No  
Please explain: \_\_\_\_\_
3. **Does the insured allow any vehicles that are not owned and titled to them to operate under their authority?** .....  Yes  No  
If yes, please describe: \_\_\_\_\_
4. **Are vehicles ever leased to drivers?** .....  Yes  No  
If yes, describe circumstances: \_\_\_\_\_
5. **Indicate number of vehicles that are metered:** \_\_\_\_\_

6. **What percentage are medallioned taxis?** ..... \_\_\_\_\_%
- Which airport do they service? \_\_\_\_\_
7. **Percentage of vehicles registered as: Taxis: \_\_\_\_\_% Limousines: \_\_\_\_\_%**
- Other:** \_\_\_\_\_%, please describe: \_\_\_\_\_
8. **Where are the vehicles kept when not in use?** \_\_\_\_\_
- Describe the type of location and its security:** \_\_\_\_\_
- \_\_\_\_\_
9. **Where are the keys for vehicles stored when not in use?** \_\_\_\_\_
10. **Do any vehicles provide open-air seating, rumble seats, convertible tops, hot tubs or safety poles?** .....  Yes  No
- If yes, please describe: \_\_\_\_\_
- \_\_\_\_\_
11. **How many vehicles are equipped with wheelchair/scooter lifts or use wheelchair ramps?** \_\_\_\_\_
- Describe wheelchair/scooter tie-down procedures: \_\_\_\_\_
- Number of vehicles with:
- Three point tie-down: \_\_\_\_\_ Four point tie-down: \_\_\_\_\_
12. **Are all vehicles equipped with both lap belts and shoulder harnesses for the passengers?** .....  Yes  No
13. **Do any vehicles have post manufacturer modifications?** .....  Yes  No
- If a limousine, indicate length of stretch and name of coachbuilder: \_\_\_\_\_
14. **Are autos equipped with flashing lights and automatic stop signs?** .....  Yes  No
- If school buses, are they operated by public entity or independently contracted? \_\_\_\_\_

**DRIVERS**

1. Minimum years of Public Transport Experience required for drivers: \_\_\_\_\_
2. **Are employees and drivers' histories screened for sexual abuse charges and convictions?** .....  Yes  No
3. **Mark the boxes that apply to the special driver training programs available for your drivers:**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> General Driver Orientation | <input type="checkbox"/> Primary First Aid             | <input type="checkbox"/> CPR                            |
| <input type="checkbox"/> Human Relations Skills     | <input type="checkbox"/> Emergency Vehicle Evacuation  | <input type="checkbox"/> Defensive Driving              |
| <input type="checkbox"/> Advanced First Aid         | <input type="checkbox"/> Passenger Assistance Training | <input type="checkbox"/> Non-Medical Emergency Training |
| <input type="checkbox"/> Other—Describe: _____      |  |   |
4. **Are volunteer drivers used?** .....  Yes  No
- If yes, please provide details: \_\_\_\_\_
5. **Are there any household drivers under the age of twenty-one (21)?** .....  Yes  No

**CLASS SPECIFIC QUESTIONS**

1. **Taxis and car service:** are there any drivers other than the named insured and/or spouse? .....  Yes  No
2. **Taxis, car service and airport taxi/limo:**
- Are all trips dispatched by the named insured and/or spouse? .....  Yes  No
- If no, please provide name of dispatcher: \_\_\_\_\_
- Do drivers wear formal chauffeur attire? .....  Yes  No

**3. Charter or sightseeing buses:** List the four most frequent trips made in the past year:

Starting Point	Final Destination	Number of Miles

Indicate mileage of your longest trip from starting point to final destination: \_\_\_\_\_

**4. Van pool, provide a copy of the contract.**

Are drivers employees of the van pool? .....  Yes  No

If yes, list company name: \_\_\_\_\_

**Refer to the application form for State Fraud Warnings.**

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

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 NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

APPLICATION DISCLAIMER

I authorize the company to obtain a copy of any Motor Vehicle Report for rating/underwriting the insured for which I have applied.

DISCLOSURE: In connection with the application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in the credit report. We may utilize a third party for development of the insurance score. The credit report/insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied. I authorize the company to obtain a credit report, including but not limited to a credit based insurance score based on the personal information provided.