National Casualty Company

Home Office: Madison, Wisconsin
Administrative Office
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752
A Stock Company

Public Auto Supplemental Application
Charter/Sightseeing/Intercity Buses

1. **Indicate type of operations conducted**. If more than once, show percentage of total:
   - ❑ Charter bus: chartered for special trips, touring, picnics, outings and similar uses. ..... _____%
   - ❑ Sightseeing bus: accepts individual passengers for a fare for sightseeing or guided tours.. ..... _____%
   - ❑ Intercity bus: picks up and transports passengers on a published schedule of stops..... _____%

2. **Give a brief description of operations**: _____

   _____

   _____

3. **List all jurisdictions where the applicant is required to file evidence of liability insurance**. Include docket numbers: _____

   _____

4. **Show the exact name and address to be used on regulatory filings**: _____

   _____

   _____

5. **Has any applicant ever had their authority suspended or revoked?**..... ❑ Yes ❑ No

   If yes, explain: _____

   _____

   _____

6. **List the five most frequent runs made from starting point to final destination**:

   1. _____ to _____
   2. _____ to _____
   3. _____ to _____
   4. _____ to _____
   5. _____ to _____

7. **List the five longest trips made in the past year**:

   1. _____ to _____
   2. _____ to _____
   3. _____ to _____
   4. _____ to _____
   5. _____ to _____

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

   If yes, explain: _____

   _____

9. Does the applicant ever:

a. Lease, hire or borrow buses from others with drivers?..... ❑ Yes ❑ No

If yes, explain and give annual cost of hire:_____

_____

_____

b. Lease, hire or borrow buses from others without drivers?..... ❑ Yes ❑ No

If yes, explain and give annual cost of hire:_____

_____

_____

c. Lease, hire out or lend buses to others with drivers?..... ❑ Yes ❑ No

If yes, explain and give annual cost of hire:_____

_____

_____

d. Lease, hire out or lend buses to others without drivers? ..... ❑ Yes ❑ No

If yes, explain and give annual cost of hire:_____

_____

_____

e. Do any employees use their personal autos in the applicant's business?..... ❑ Yes ❑ No

If yes, explain and give details: _____

_____

_____

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.

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.

APPLICANT'S SIGNATURE:_____DATE:_____

(Must be signed by an active owner, partner, or executive officer.)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)