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Public Auto Supplemental Application
All Other Risks—Complete in addition to the Commercial Automobile Application

**(Day Care Centers, Athletes, Entertainers, Casinos, Churches,
Hotels, Schools, Taxis, Van Pools or Not Otherwise Classified)**

1. **Applicant's Name:** _____

2. **Indicate type of operations.** If more than one, show percentage of total:

- Chartered for special trips, tours, picnics, outings and similar uses %
- Accepts individual passengers for a fare for sightseeing or guided tours %
- Picks up and transports passengers on a fixed route %
- All Other %
 - Athletes Casinos Churches Day Care Centers Entertainers
 - Hotels Schools Taxis Van Pools Not Otherwise Classified

3. **Description of operations:** _____

4. **Operation is:**..... profit or not-for-profit.
Name of non-profit organization: _____

5. **Are autos totally or partially funded by a governmental entity?** Yes No
If yes, identify: _____

6. **Scheduled trips:** % **Unscheduled trips:** %

7. Is any transportation provided to the following destinations?..... Yes No
If yes, indicate percentage of all applicable and advise of any other destination:
Shopping Districts _____% Workplaces _____% Senior Centers _____% Schools _____%
Daycare Centers _____% Psychiatric Centers _____% Heliport or Airport _____% Other _____%
Description of other destinations: _____

8. **Percentage of vehicles registered as: Taxis** % **Limousines** %

9. **Are vehicles metered?** Yes No

10. **What percentage are medallioned taxis?** _____% **Which airport do they service?** _____

11. **List all states where the applicant is required to file proof of liability insurance.** Include docket numbers: _____

Limit of liability required by each state and/or Federal Highway Administration: _____

Provide exact name and address as shown on application for filings, permits, certificates, etc.: _____

Has any applicant ever had their authority suspended or revoked? Yes No

If yes, explain: _____

Are others allowed to operate under your authority? Yes No

12. 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

13. Are autos used to transport any railroad workers?..... Yes No

14. Are volunteer drivers used?..... Yes No

15. Is there any personal use of autos? Yes No

16. Criteria for hiring drivers: Minimum Age: _____ **Years of Public Transport Experience:** _____

Describe MVR Standards: _____

17. Are employees and drivers' histories screened for sexual abuse charges and convictions? Yes No

18. Mark the boxes that apply to the special driver training programs available for your drivers:

- General driver orientation Primary first aid CPR
- Human relations skills Emergency vehicle evacuation Defensive driving
- Advanced first aid Passenger assistance training Non-medical emergency training
- Other—Describe: _____

19. If a van pool, provide a copy of the contract.

Are drivers employees of the van pool? Yes No

If yes, list company name: _____

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

If yes, indicate the number of vehicles and complete the Hired & Nonowned 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						

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

	Lease to Others		Rent to Others		Loan to Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

22. Is any service provided on a for hire basis?..... Yes No

Call and demand? Yes No

23. Number of vehicles equipped for wheelchair transport: _____

- 24. Do any autos have special modifications or wheelchair lifts?** Yes No
 If yes, please explain: _____

- 25. How many vehicles are equipped with the following wheelchair tie-down mechanism?**
 3 point tie-down _____ 4 point tie-down _____
- 26. Describe wheelchair tie-down procedures:** _____

- 27. Are all vehicles equipped with both lap belts and shoulder harnesses for the passengers?** Yes No
- 28. Is the use of safety restraints required for all passengers?** Yes No
- 29. Are passengers assisted in or out of the autos?** Yes No
 If yes, provide percentage of: curb to curb _____% door to door _____% door through door _____%
- 30. Do you transport passengers with special needs, or where special security or handling would be needed?** Yes No
 If yes, describe: _____

- 31. Are all autos equipped with factory original seats?** Yes No
 If no, describe passenger seating type: _____

- 32. Are all vehicles owned by you?** Yes No
 If no, advise relationship of autos' ownership to the applicant: _____
 Are they leased, etc.? Yes No
 Give details: _____

- 33. What are the hours of operation?** _____
- 34. Is operation seasonal?** Yes No
 If yes, please explain: _____

- 35. What is the average age of the passengers being transported?** _____
- 36. Do you pick-up and drop off children at their homes?** Yes No
- 37. Are autos equipped with flashing lights and automatic stop signs?** Yes No
 If school buses, are they operated by public entity or independently contracted? _____
- 38. Is alcohol available in your vehicle?** Yes No
- 39. Are autos used to transport professional athletes or entertainers?** Yes No
 If yes, list organization or name: _____

40. Where are keys kept while the autos are not in use? _____

41. Do you have on site maintenance including service/repair on autos?..... Yes No

If no, what arrangements are made to provide regular maintenance of autos? _____

Who provides maintenance on wheelchair lifts, tie downs or ramps? _____

42. If vehicles are stored at one location, describe the type of location and its security: _____

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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)