

**National Casualty Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 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

## COMMERCIAL AUTOMOBILE APPLICATION

Name of Applicant: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 P.O. Mailing Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 FEIN/SSN: \_\_\_\_\_ DOT No.: \_\_\_\_\_  
 Website: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
**12:01 A.M., Standard Time, at the mailing address of the Applicant.**

**PLEASE ANSWER ALL QUESTIONS**  
 (Attach supplemental applications as required.)

1. **Applicant is:**     Individual     Partnership     Corporation     Joint Venture     LLC  
 Other: \_\_\_\_\_
2. **Description of operations:** \_\_\_\_\_
3. **How long has this operation been in business?** \_\_\_\_\_
4. **How many years of experience does your management have in your business?** \_\_\_\_\_  
 Provide an explanation of their experience: \_\_\_\_\_
5. **Have you had any insurance canceled, declined or non-renewed in the last three years?** (Not applicable in Missouri).....  Yes  No
6. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_
7. **Is the applicant a subsidiary of another entity, does the applicant have any subsidiaries or has the applicant operated under a different name?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_
8. **Is there a formal safety program?**.....  Yes  No  
 If yes, provide details or a copy: \_\_\_\_\_
9. **List commodities transported:** \_\_\_\_\_
10. **Does applicant haul for hire:** .....  Yes  No
11. **Does applicant have General Liability coverage in place?** .....  Yes  No  
 If yes, carrier name: \_\_\_\_\_ **Limit:** \_\_\_\_\_

12. Any exposure to flammables, explosives, chemicals or hazardous materials, medical/contaminated waste? ..  Yes  No  
If yes, provide specific details: \_\_\_\_\_
13. Radius of operations:     Intrastate only             Interstate  
0-100 miles: \_\_\_\_\_%    101-300 miles: \_\_\_\_\_%    Over 300 miles: \_\_\_\_\_%
14. List all states in which vehicles operate: \_\_\_\_\_  
a. For all states, list largest cities entered: \_\_\_\_\_  
b. For all states, list farthest city entered from garaging location: \_\_\_\_\_
15. Is your operation subject to time constraints? .....  Yes  No
16. Is your operation seasonal? .....  Yes  No
17. Do any units have special equipment, customizations or alterations? .....  Yes  No  
a. If yes, describe: \_\_\_\_\_  
b. If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? \_\_\_\_\_
18. Are drivers allowed to take vehicles home when not in use? .....  Yes  No
19. Are any vehicles used by family members? .....  Yes  No  
If yes, list and provide MVRs: \_\_\_\_\_
20. Is there personal use of vehicles? .....  Yes  No  
If yes, explain: \_\_\_\_\_
21. Do you allow passengers? .....  Yes  No  
If yes, explain: \_\_\_\_\_
22. Are any vehicles or equipment loaned, rented, or leased to others? .....  Yes  No  
If yes, explain: \_\_\_\_\_
23. Are all drivers covered by Workers' Compensation insurance? .....  Yes  No
24. Have you ever filed bankruptcy? .....  Yes  No  
If yes, explain and provide date filed: \_\_\_\_\_

**DRIVER INFORMATION**

25. Is there a formal driver hiring procedure? .....  Yes  No
26. Is there a formal driver training program? (If yes, provide a copy) .....  Yes  No
27. Do you: Perform employee drug and alcohol screening/testing? .....  Yes  No  
Perform criminal background checks? .....  Yes  No  
Have a "Good Driver" incentive program? .....  Yes  No  
Order MVRs prior to allowing employees to drive? .....  Yes  No
28. Criteria for hiring drivers:    Minimum age: \_\_\_\_\_    Years of experience: \_\_\_\_\_  
Describe MVR standards: \_\_\_\_\_
29. Average driver turnover per year: ..... \_\_\_\_\_%  
Number of drivers hired in the past twelve (12) months: ..... \_\_\_\_\_
30. Is there an accident review procedure? .....  Yes  No  
If yes, please describe: \_\_\_\_\_
31. Are all drivers employees? (If not, provide a copy of contract) .....  Yes  No
32. How are your drivers paid?     Per trip     Per hour     Other: \_\_\_\_\_
33. Do you agree to screen and report all potential operators immediately upon hiring? .....  Yes  No
34. Maximum number of hours driver will operate a vehicle in a twenty-four (24) hour period: \_\_\_\_\_

List below all drivers, owners/officers, partners currently employed as of the proposed effective date. If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	License Class	Years Exp. Driving Similar Vehicle	Length of Employment	Past Three Years Accidents/ Violations

\* Designation Code: O—Owner/Officer, P—Partner, E—Employee

**VEHICLE INFORMATION**

35. **Number of vehicles owned:** Light: \_\_\_\_\_ Medium: \_\_\_\_\_ Heavy: \_\_\_\_\_ Extra Heavy: \_\_\_\_\_  
 Tractors: \_\_\_\_\_ Trailers: \_\_\_\_\_ Private Passenger Types: \_\_\_\_\_  
 Public Auto Vehicles: \_\_\_\_\_ (Complete CA-APP-20)

36. **Number of vehicles leased:** Light: \_\_\_\_\_ Medium: \_\_\_\_\_ Heavy: \_\_\_\_\_ Extra Heavy: \_\_\_\_\_  
 Tractors: \_\_\_\_\_ Trailers: \_\_\_\_\_ Private Passenger Types: \_\_\_\_\_

37. **Provide details on your vehicle maintenance program:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

38. **Are any vehicles owned, operated or leased that are not included in the vehicle schedule?**.....  Yes  No  
 If yes, provide details: \_\_\_\_\_

**PRIOR CARRIER AND LOSS EXPERIENCE SUMMARY**

Include a minimum of four years currently valued company loss runs for all accounts.

The following Prior Carrier and Loss Experience Section must be completed:

Policy Period	Prior Carrier	Policy No.	Past Deductible Amount	Liability Premium	Physical Damage Premium	No. Of Losses	Liability Losses Paid/ Open*	Physical Damage Losses Paid/ Open*

**OPERATION HISTORY**

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

**FILING INFORMATION**

39. **Are any states and/or federal filings required?** .....  Yes  No  
 If yes, provide: US DOT No.: \_\_\_\_\_, MC No.: \_\_\_\_\_, Base State: \_\_\_\_\_  
 If yes, provide details: \_\_\_\_\_



**HIRED AND NON-OWNED AUTO INFORMATION**

- 40. **Why is hired auto coverage being requested?** \_\_\_\_\_
- 41. **Do you lease, hire, rent or borrow any vehicles from others?** (Provide a copy of the agreement) .....  Yes  No  
What is the average term of the lease? \_\_\_\_\_
- 42. **Do you hire independent contractors?** (Provide a copy of contract).....  Yes  No  
If yes, do you require certificates of insurance? .....  Yes  No
- 43. **Do you lease, hire, rent or borrow any vehicles from others without drivers?** .....  Yes  No  
Will they be scheduled on the policy? .....  Yes  No  
What is the average term of the lease? \_\_\_\_\_
- 44. **What is your cost to lease, hire, rent or borrow vehicles?** With drivers: \$ \_\_\_\_\_ Without drivers: \$ \_\_\_\_\_  
Estimated cost of hired autos: This year: \$ \_\_\_\_\_ Last year: \$ \_\_\_\_\_
- 45. **Is Hired Auto Physical Damage coverage desired?** .....  Yes  No  
If yes, average value of auto hired: ..... \$ \_\_\_\_\_
- 46. **Why is non-ownership liability coverage being requested?** \_\_\_\_\_
- 47. **What types of non-owned autos will be used in your business?** \_\_\_\_\_  
Total number of non-owned autos used: \_\_\_\_\_ How will they be used? \_\_\_\_\_
- 48. **How often are non-owned autos used in your business?**  Daily  Weekly  Monthly  Other: \_\_\_\_\_  
Estimate the number of hours per month: .....  
Estimated annual mileage for use of all non-owned autos: .....
- 49. **Do any employees use their autos in your business?** .....  Yes  No  
If yes, what limit of liability insurance are they required to maintain? .....  
Do you require evidence of insurance? .....  Yes  No
- 50. **Will you use non-owned autos other than those owned by employees?** .....  Yes  No  
If yes, describe the relationship: \_\_\_\_\_
- 51. **Total number of employees:** \_\_\_\_\_ **Total number of officers and partners:** \_\_\_\_\_
- 52. **If a social service operation, do you use the autos of volunteers?** .....  Yes  No  
Maximum number of volunteers at any one time:.....  
How will they use their vehicles? \_\_\_\_\_
- 53. **Are volunteers required to have their own insurance?** .....  Yes  No  
Minimum limits required: \_\_\_\_\_
- 54. **Do you obtain motor vehicle records for all employees and volunteers?** .....  Yes  No
- 55. **Do you understand that we may audit your records for Hired and Non-Owned auto exposure, which might result in an additional premium?** .....  Yes  No

**LIMIT AND COVERAGE INFORMATION**

- 56. **Liability:** Combined Single Limits: ..... \$ \_\_\_\_\_  
Split Limit: B.I. Per Person: \$ \_\_\_\_\_ B.I. Per Accident: \$ \_\_\_\_\_ Property Damage: \$ \_\_\_\_\_  
Liability Deductible:  \$1,000  Over \$1,000 \_\_\_\_\_ **Submit to company—financials may be required**
- 57. **Hired Auto:** Cost of Hire: ..... \$ \_\_\_\_\_
- 58. **Non-owned Auto:** Number of: Partners: \_\_\_\_\_ Employees: \_\_\_\_\_ Volunteers: \_\_\_\_\_
- 59. **Uninsured Motorist:**  Rejected  Limits Accepted: ..... \$ \_\_\_\_\_
- 60. **Underinsured Motorist:**  Rejected  Limits Accepted: ..... \$ \_\_\_\_\_  
(Complete appropriate UM/UIM Selection/Rejection Form)

61. **Optional no-fault state:** PIP rejected?.....  Yes  No
62. **Mandatory no-fault state:** PIP basic limits accepted? (Complete appropriate selection/rejection form)  Yes  No
63. **Medical Payments:**  Rejected  Limits accepted: .....\$ \_\_\_\_\_
64. **Trailer Interchange:** Limit: .....\$ \_\_\_\_\_ Number of Trailers: .....  
 Comp. Deductible: .....\$ \_\_\_\_\_  Coll. Deductible: .....\$ \_\_\_\_\_
65. **Do you understand that we may audit your records, which might result in an additional premium?** .....  Yes  No
66. **Are any Lessors or other entities to be added as additional insureds?** .....  Yes  No

If yes, list below:

NAME	VEHICLE	ADDRESS	RELATIONSHIP/INTEREST

**VEHICLE SCHEDULE**

(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

Veh. No.	Year	Make	Model	VIN	Stated Amount	Mfg. Seating Capacity	Garaging Location
Loss Payee/Additional Insured Lessor					Comp/SCOL Deductible	COLL Deductible	If Limo, Coachbuilder and Length

Veh. No.	Year	Make	Model	VIN	Stated Amount	Mfg. Seating Capacity	Garaging Location
Loss Payee/Additional Insured Lessor					Comp/SCOL Deductible	COLL Deductible	If Limo, Coachbuilder and Length

Veh. No.	Year	Make	Model	VIN	Stated Amount	Mfg. Seating Capacity	Garaging Location
Loss Payee/Additional Insured Lessor					Comp/SCOL Deductible	COLL Deductible	If Limo, Coachbuilder and Length

Veh. No.	Year	Make	Model	VIN	Stated Amount	Mfg. Seating Capacity	Garaging Location
Loss Payee/Additional Insured Lessor					Comp/SCOL Deductible	COLL Deductible	If Limo, Coachbuilder and Length

Veh. No.	Year	Make	Model	VIN	Stated Amount	Mfg. Seating Capacity	Garaging Location
<b>Loss Payee/Additional Insured Lessor</b>					<b>Comp/SCOL Deductible</b>	<b>COLL Deductible</b>	<b>If Limo, Coachbuilder and Length</b>

Veh. No.	Year	Make	Model	VIN	Stated Amount	Mfg. Seating Capacity	Garaging Location
<b>Loss Payee/Additional Insured Lessor</b>					<b>Comp/SCOL Deductible</b>	<b>COLL Deductible</b>	<b>If Limo, Coachbuilder and Length</b>

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.

**California Notice And Disclosure:** Please note a policy fee of one hundred fifty dollars (\$150) applies to NEW business policies only. This policy fee is fully earned at policy inception.

**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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**NEW YORK FRAUD WARNING:** 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 material-ly 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 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.

