**National Casualty 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 Indemnity 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

PUBLIC ENTITY APPLICATION   
COMMERCIAL AUTOMOBILE SECTION

**Attach ACORD vehicle schedule and complete the following*.***

**Legal Name of Public Entity:**        **Effective Date:**

**ATTACH ACORD 137 FOR YOUR STATE AND ACORD 127**

**As statutes require, a signed rejection form or lower limits selection   
form may be required for the following coverages:**  
Personal injury Protection (PIP) (or equivalent no-fault coverage)  
Uninsured Motorist Insurance  
Underinsured Motorist Insurance

**UNDERWRITING QUESTIONS**

**1.** Are all owned or leased vehicles covered under this program?  Yes  No

If “no,” provide details:

**2.** Describe any location(s) with a concentration of stored vehicles whose total values exceed $500,000:

|  |  |  |
| --- | --- | --- |
| **Location** | **Unit Number(s) From Vehicle Schedule** | **Total Value(s)** |
|  |  |  |
|  |  |  |

**3.** Does the entity have any mutual aid agreements?  Yes  No

If “yes,” please attach copies.

**4.** Does the insured own or operate any vehicle designed exclusively for hauling explosives, flammable or hazardous materials?  Yes  No

Describe:

**5.** Are autos hired by the public entity (other than schools)?  Yes  No

**6.** Do any employees drive their own vehicles in the scope of their employment?  Yes  No

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| If “yes,” list employees and their occupation: |

Are Certificates of Insurance required from these employees?  Yes  No

**7.** Are employees allowed to take vehicles home after work?  Yes  No

If “yes,” list employees and their occupation:

Is personal use permitted?  Yes  No

**8.** Does the insured provide any type of transportation system?  Yes  No

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| If “yes,” explain and provide any available brochures: |

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| **9.** Describe automobile maintenance program, including frequency: |

Are logs maintained for all repairs and maintenance performed?  Yes  No

**10.** Describe driver hiring practices: Under age twenty-five (25)?  Yes  No

Over age sixty (60)?  Yes  No

Previous driver experience?  Yes  No

Physical exams on a regular basis?  Yes  No

If “yes,” frequency:

Are motor vehicle reports checked?  Yes  No

If “yes,” what are standards?

|  |
| --- |
| Describe driver training procedures (i.e., emergency vehicle training, defensive driving): |

**11.** Is there an accident investigation program?  Yes  No

**12.** Are driver safety reviews conducted annually?  Yes  No

|  |
| --- |
| If “yes,” what are the standards for driver accountability: |

**13.** Are MVRs updated periodically for all drivers?  Yes  No

Frequency:

|  |
| --- |
| **14.** What action is taken if a driver does not meet your MVR standards? |

**15.** Attach list of drivers including MVR information; indicate emergency vehicle operators.