[ ]  **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

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| --- |
| 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.