



| a Berkley Company

Public Auto Application CC 971 11 20

Responsive Service
Innovative Solutions
Financial Stability

CAROLINA CASUALTY INSURANCE COMPANY
PO Box 2575 · Jacksonville, Florida 32203
904-363-0900 · 800-874-8053 · Fax 904-363-8093

The Carolina Casualty Difference

Carolina Casualty is dedicated to the public transportation and trucking industries. We have been delivering value through superior underwriting expertise and claim service for over 75 years. Our focus is to provide tailored transportation insurance solutions that fulfill evolving business needs by partnering with customers and effectively managing our mutual risk. Our aim is to do the right thing, and we have found our greatest success with customers that value both long-term business relationships and mutual profitability.

To underwrite this risk, the following materials must be provided and attached to this application:

Financial Statements <input type="checkbox"/>	Balance sheets and income statements on an accrual basis for the last fiscal year end and current interim period. We prefer audited or reviewed statements, if available. If the business is not incorporated, the most recent Federal tax return should be provided instead. Parent company financials, if applicable, should be provided.
Loss Runs <input type="checkbox"/>	Company generated loss runs for the current and four prior years valued within 90 days of the proposed inception date for all lines of coverage requested (including details on all losses in excess of \$50,000)
Mileage (If Applicable) <input type="checkbox"/>	Fuel tax reports (IFTAs), indicating mileage by state and total mileage for all states for the previous four calendar quarters
MVR's <input type="checkbox"/>	Current motor vehicle records for each driver for fleets consisting of less than fifty vehicles (a sampling to be determined by the underwriter is required on larger fleets)
Equipment Schedule <input type="checkbox"/>	Current vehicle list, including year, make, complete VIN, stretch length (Limo), seating capacity, vehicle type, stated amount and deductible requested. Excel format recommended.
List of Drivers <input type="checkbox"/>	Current drivers list including full names of drivers, dates of birth, years of experience, date of hire, state of license issued, and driver's license numbers. Excel format recommended.
DOT Medicals <input type="checkbox"/>	Current DOT medical evaluations for all drivers age 65 or older and any driver with less than two years medical clearance
Safety Materials <input type="checkbox"/>	Provide copies of pertinent fleet safety and maintenance programs and materials.
Agreements <input type="checkbox"/>	Copy of all written agreements for all hired, leased or assumed liability agreements



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Brokering Agent Register

New Business Renewal - Expiring Policy #

Agency Name:	Are you the incumbent agent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?
Producer Name:	
Proposed Effective Date:	Expiration Date:

Applicant Information

Named Insured:
(Please list all entities to be insured below):

Entity	Year Business Established	Description of Operations

Named Insured is: Sole Proprietor Partnership Corporation Other:

Position / Title	Name	# Years	Email	Telephone
President/CEO				
Operations Manager				
Safety Director				
Maintenance Director				

Mailing Address (Include City, State, County, Zip):

Principal Garaging Address (If different from above):

Schedule of all locations (attach separate sheet if necessary)

	Location 1	Location 2	Location 3
# units stored outside & maximum value			
# units stored inside & maximum value			

Phone Number:

MC #:	DOT #:	FEIN / SSN:
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Has the applicant filed for bankruptcy in the past 5 years? Yes No If yes, provide the date. Discharge date:

Has any company, during the past three years, cancelled or refuse to renew your automobile insurance coverage? Yes No
(Not applicable in Missouri)
If yes, please explain.

Has your insurance ever been obtained through an Assigned Risk Plan? Yes No If yes, please explain.



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Description of Operations

Please describe your operations. Attach additional operational descriptions as necessary.

Have you ever lost or had any authority withdrawn by any regulatory authority (Interstate Commerce Commission, Public Utilities Commission, etc.) or are you under current probation? Yes No

If yes, explain in detail here or on a separate sheet.

Do you travel into Mexico with your equipment? Yes No

Do your vehicles ever transport any commodities, other than passenger personal contents? Yes No
If yes, describe types of commodities.

Do your vehicles ever transport professional athletic or entertainment groups? Yes No

If yes, please list team(s) and number of annual trips.

Do you utilize owner-operators in your business? Yes No

If yes, please list the number of owner-operators: _____ and provide a copy of owner-operator agreement.
Will they be included under this insurance? Yes No

Is personal use of vehicles permitted? Yes No

If yes, are owner-operators required to provide proof of insurance for personal use of their vehicle? Yes No

Are all drivers covered by Workers Compensation? Yes No If yes, provide carrier's name and policy number.

Do you own or operate any equipment not listed on schedule? Yes No

If yes, explain.

Please indicate the extent to which you transport the following as a percentage of total mileage:

Wheelchair Passengers	% Other Disabled Passengers	% Professional Athletes	% Entertainment Groups	%
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If doing Demand Response, Airport, or Limo Work, please indicate the following as a percentage of total mileage:

On Call / Dispatch	% Schedule Service	% Door to Door	% Curb to Curb	%
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Limo Operator, please answer the following:

1. Do you ever transport unscheduled passengers? Yes No

2. Are you affiliated with any base or black car base? Yes No

3. Do you work for any ride-sharing services, indicate percentage by company below, or N/A if not applicable.

UBER % Lyft % Sidecar % Other Co. %

4. Do you operate any limo bus type vehicles (including vehicles equipped with perimeter seating that also have room for the passenger to stand)?

Yes No

If yes, are any of these units equipped with:

A bar (either with or without alcohol)? Yes No Sophisticated lighting system? Yes No

Dancing and/or exercise pole? Yes No Enhanced stereo system? Yes No

Are chaperones provided? Yes No Do you provide alcohol? Yes No

Are there policies & procedures in place for unruly or intoxicated passenger? Yes No



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Charter and Tour Operators: List your most frequent destinations:

City or Attraction	State	% of Trips

List the destinations of the **five longest trips** made in the past 12 months:

School Contractors: List the names of the schools or school districts and their locations with which you have contracts:

Operation percentage of total mileage. Must equal 100%.

Airport Service	%	Corporate Sedan	%
Limousine	%	School Bus	%
Athlete & Entertainer Transportation	%	Sightseeing Bus	%
Special Needs Transportation	%	Demand Response	%
Charter Bus	%	Social Service	%
Church	%	Non-Emergency Medical	%
Camp	%	Urban Transit	%
Day Care	%	Other	%



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Driver Information

Attach schedule of drivers including date of birth, date of hire, and number of years of experience.

Current total number of drivers:

Drivers' maximum hours: Daily Weekly

Minimum years of experience required for drivers:

During the last 12 months, how many drivers have you: Replaced? Added?

Drivers' pay is calculated by: Trip Mileage Hourly Other (explain)

Drivers are: Union Non-Union

Do your Driver selection procedures include:

- | | | | |
|--|------------------------------|-----------------------------|--|
| a. Written applications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Reference checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. Written test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d. Road test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e. Physical exam? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Pre-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Federal DOT requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) State DOT requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f. Do you obtain driver MVR records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Pre-employment <input type="checkbox"/> Post-employment |
| g. Do you order MVR records during employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. Drug testing prior to hiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> During employment? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Does driver hiring include:

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| a. Company rules and policies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DOT vehicle inspection procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Road tests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Emergency procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Accident reporting procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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Loss Control & Safety Management

Do you have a written safety program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
Do you have a written driver-training program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
Are medical qualifications reviewed/verified at hiring and at least annually thereafter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have written accident reporting procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
Do you have a written maintenance program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
Is your maintenance program managed by your company? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
Do you provide complete maintenance on all vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
Does your vehicle maintenance program include a service record for each vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
Does your vehicle maintenance program include controlled and frequent inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
Does your vehicle maintenance program include vehicle daily condition reports? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
How many certified mechanics do you employ?		
How often do you hold safety meetings?		
Is work performed on non-owned vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No Total number of service employees: _____ Number of workbays: _____		
What type of work is performed? _____ What is the annual revenue generated from garage operations? _____		
If yes, please provide details including percentage and total revenue generated and types of work performed.		
Do you currently utilize a telematics provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which provider? _____ Percentage of Units utilizing telematics %		
GPS Navigation & Tracking: <input type="checkbox"/> 360° Video <input type="checkbox"/> Driving behaviors: <input type="checkbox"/> Instructional Videos/Training <input type="checkbox"/> Outward Facing Dash Camera: <input type="checkbox"/> Vehicle Maintenance Alerts <input type="checkbox"/> Inward facing Dash Camera: <input type="checkbox"/> IFTA Reporting via Telematics <input type="checkbox"/>		



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Coverages (Select all that apply)

<input type="checkbox"/> Auto Liability Coverage Combined Single Limit		Deductible: \$			
<input type="checkbox"/> Uninsured Motorists Limit (CSL):		<input type="checkbox"/> Underinsured Motorists Limit (If rated separately):			
<input type="checkbox"/> Personal Injury Protection (PIP) Limit:		<input type="checkbox"/> Medical Payments Limit Per Person:			
<input type="checkbox"/> Physical Damage (Attach an equipment schedule with stated values) Deductibles: Comprehensive: \$		Collision: \$ SCOL: \$			
<input type="checkbox"/> Garage Liability Combined Single Limit:					
<input type="checkbox"/> Garagekeepers Legal Liability (per location) Number of locations: Deductibles: Comprehensive: \$ Collision: \$ SCOL: \$					
<input type="checkbox"/> Hired Auto Liability Estimated Cost of Hire:		OR <input type="checkbox"/> Required by Contract Only			
<input type="checkbox"/> Non-Owned Liability Number of Employees:					
<input type="checkbox"/> Drive Other Car Driver Name(s):					
<input type="checkbox"/> Other					
<input type="checkbox"/> General Liability Each Occurrence Limit:		General Aggregate Limit:			
Personal & Advertising Injury Limit: (Complete below if requested)					
Location Address	Class	Square Footage	Owned/Rented	Fenced	Night Watch
Are any of the above locations the primary residence of the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail here or on a separate sheet.					
Do you allow parking by those other than employees or customers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail here or on a separate sheet.					
Do operations involve storing, treating, discharging, applying, disposing of, or transporting of hazardous materials (landfills, fuel tanks, waste)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail here or on a separate sheet.					
Do you collect a fee for parking at any of the above locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail here or on a separate sheet.					
List any non-transportation operations at these locations.					
<ol style="list-style-type: none">1. Please describe any other General Liability Exposures:2. Contractual- include copies of contracts:3. Please Describe any General Liability losses for current and prior three years (Include Loss Runs):					
<ol style="list-style-type: none">1. How many times during the past 12 months have you serviced or repaired equipment from other operators?2. Estimated annual revenue: Types of work performed:3. Types of vehicles serviced:4. Please describe any Garage Liability or Garagekeepers losses (separately) for current and prior three years (Include Loss Runs):					



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Equipment

	Projected	Current	1 st Prior	2 nd Prior	3 rd Prior	4 th Prior
Charter Bus (> 29 passengers)						
Charter (16-29 passengers)						
Charter Van(<16 passengers)						
School Bus						
School Van						
Transit Bus(> 20 passengers)						
Small Transit (<= 20 passengers)						
Sedan / SUV						
Stretch Limo						
Stretch SUV						
Super Stretch SUV (>200" stretch)						
Limo Bus						
Private Passenger/Service						
Total units:						

Private Passenger vehicles use – please state percentages:

Use of vehicle: Business only % Business & pleasure %

Operated by: Employee only % Family % Spouse % Other %

What percentage of the fleet are wheelchair equipped? %

Do you hire from others for your use? Yes No If yes, Annual Cost of Hire:

Do you hire from others with driver? Yes No If yes, Annual Cost of Hire:

Do you lease to others for their use? Yes No If yes, Annual Income Derived:

Do you lease to others without drivers? Yes No If yes, Annual Income Derived:

Is there assumed liability by contract/agreement? Yes No



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Exposure History

	Projected	Current	1 st Prior	2 nd Prior	3 rd Prior	4 th Prior
Gross Revenue						
Total Mileage						

List the current deductible amount for each line of coverage:

Auto Liability: Physical Damage: General Liability:

Historical Insurance Coverage

	Current	1 st Prior	2 nd Prior	3 rd Prior	4 th Prior
Insurance Carrier / Broker					
Auto Liability Premium					
Physical Damage Premium					

FILING INFORMATION

Does applicant require a MC Docket filing?

Does applicant allow others to operate under their authority?

Has the applicant previously allowed others to operate under their authority?

Does applicant require state filings?

If yes, please list states:

Please list states where applicant has operating authority:

Please specify any Canadian Filings:

List name and address exactly as listed on filing:

Comments:



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NOTICE TO ARIZONA APPLICANTS: AS DESCRIBED IN ARIZONA REVISED STATUTE 20-2104(D), A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON OUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. ALSO, PURSUANT TO ARIZONA REVISED STATUTE 20-2104(C), IF YOU ARE INTERESTED IN OBTAINING A COMPLETE DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR REWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY 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.

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

Applicant's Signature

Date Application Completed

**BROKERING
AGENT'S
REGISTER #**

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is

Bound effective _____ (time) _____ (date); Not Bound

Binder must be approved by Authorized Licensed Representative of Carolina Casualty Insurance Company.

Signature of Producing Agent

Date Application Completed

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

APPLICABLE TO BUSINESS AUTO, TRUCKERS AND MOTOR CARRIER: IS/ARE GARAGING LOCATION(S) WITHIN CITY LIMITS?

YES _____ NO _____ IF NO, PROVIDE NAME(S) OF APPLICABLE TAX TERRITORIES: _____



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NOTICE TO MAINE, TENNESSEE, VIRGINIA & WASHINGTON 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 DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY AND 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 MICHIGAN APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO ONE YEAR FOR A MISDEMEANOR CONVICTION OR UP TO TEN YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000.00. NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240

NOTICE TO MINNESOTA APPLICANTS:

THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO AND 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING AFRAUD 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: WARNING: 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 PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

"REPRESENTATIVE OF THE CONSUMER" (APPLICANT)

I ACKNOWLEDGE THAT MY RETAIL BROKER/PRODUCER IS NOT APPOINTED BY CAROLINA CASUALTY INSURANCE COMPANY ("CCI") AND IS ACTING AS MY REPRESENTATIVE, AUTHORIZED TO PRESENT THIS APPLICATION ON MY BEHALF TO A CONTRACTED AND APPOINTED GENERAL AGENT OF "CCI". I UNDERSTAND THAT IN THIS CAPACITY MY BROKER/PRODUCER HAS NO UNDERWRITING OR BINDING AUTHORITY WITH "CCI" AND CAN NOT BIND COVERAGE OR MODIFY THIS APPLICATION OR ANY SUBSEQUENT "CCI" POLICY. ANY BINDER OR POLICY MODIFICATION WILL BE VALID ONLY IF ISSUED BY A CONTRACTED AND APPOINTED GENERAL AGENT OR OTHER AUTHORIZED COMPANY REPRESENTATIVE OR EMPLOYEE OF "CCI". I FURTHER ACKNOWLEDGE THAT MY BROKER/PRODUCER FEE FOR THIS SERVICE IS \$ ____ (ABSENCE OF ENTRY MEANS NONE).

Signature of Broker/Producer

Signature of Applicant

NOTICE TO SOUTH CAROLINA APPLICANTS: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

IF I AM REQUESTING INSURANCE FOR ANY INDIVIDUALLY OWNED PICKUP TRUCK, PANEL TRUCK, VAN, OR SIMILAR MOTOR VEHICLE, AND I HAVE PREVIOUSLY USED THE VEHICLE(S) IN MY BUSINESS, I HAVE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION EITHER A COPY OF MY BUSINESS LICENSE, OR A COPY OF IRS FORM 1040, SCHEDULE C OR SCHEDULE C-EZ, DETAILING NET PROFIT OR LOSS DERIVED FROM THE LEGITIMATE COMMERCIAL USE OF THE VEHICLE(S). IF I HAVE NOT PREVIOUSLY USED SUCH VEHICLE(S) IN MY BUSINESS, OR IF I HAVE A NEW COMMERCIAL ENTERPRISE, I HAVE READ AND SIGNED THE SOUTH CAROLINA COMMERCIAL AUTO SUPPLEMENT, ACORD 62 SC.

NOTICE TO UTAH APPLICANTS: ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR. A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES, IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.

Public Auto Application CC 971 11 20**NOTICE TO NEW HAMPSHIRE APPLICANTS:****STATEMENT OF RESIDENCY INCLUDING APPLICABLE EXEMPTIONS**

- (a) A resident is a person who maintains his or her true, fixed and permanent residence within the State of New Hampshire, does not claim residency in any other state for any purpose and who has, through all of his or her actions, demonstrated a current intent to designate that the permanent residence is his or her principal place of physical presence for the indefinite future to the exclusion of all others; or
- (b) A resident is a person who has previously met the conditions of (a) above and who now maintains a permanent residence in New Hampshire for the entire year and has actually spent more than 183 days in New Hampshire during the previous calendar year; or
- (c) A resident is a person who is without a permanent street address due to homelessness, or, a person who is temporarily without a permanent street address due to traveling outside of the state of New Hampshire in a recreational vehicle for a period not to exceed 2 years, and who has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c.
- (d) Exemption from residency may be claimed if:
- (1) The motor vehicle to be insured is garaged exclusively in New Hampshire; or
 - (2) The individual is on active duty in the military service of the United States and claims New Hampshire as their legal state of residence; or
 - (3) The individual is on active duty in the military service of the United States, currently stationed in New Hampshire, and all vehicles to be insured on this policy are currently garaged in New Hampshire.
- (e) I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, or if I claim for myself or any named insured to be entitled to exemption hereunder, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying.
- (f) I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed in (d) above if I fail to do so.
- (g) I/we, the applicant(s), has/have read the above and understand the penalties that may apply if I/we falsely claim to be a New Hampshire resident, or if we claim to be entitled to exemption hereunder.

CHECK ONE:

I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire as defined in (a) and (b) above and that I maintain a permanent residence located at:

Street Address: _____ City _____ New Hampshire _____
(Zip) _____
or that I, and each named insured, has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c as defined in (c) above.

I hereby claim that I am, and each named insured is entitled to exemption hereunder pursuant to (d) above.

Signed at:

Street Address: _____ City _____ New Hampshire _____
(Zip) _____

NOTICE TO ILLINOIS APPLICANTS: THE RELIGIOUS FREEDOM PROTECTION AND CIVIL UNION ACT ("THE ACT") PROVIDES THAT THE PARTIES TO A CIVIL UNION ARE ENTITLED TO THE SAME LEGAL OBLIGATIONS, RESPONSIBILITIES, PROTECTIONS AND BENEFITS THAT ARE AFFORDED OR RECOGNIZED BY THE LAWS OF ILLINOIS TO SPOUSES. YOUR POLICY OR CONTRACT PROVIDES PARTIES TO A CIVIL UNION AND A MARRIAGE IDENTICAL BENEFITS AND PROTECTIONS, AS REQUIRED BY THE ACT.

NOTICE TO WYOMING APPLICANTS: I UNDERSTAND THAT THE AUTOMOBILE INSURANCE THAT I AM BUYING INCLUDES AN AMENDMENT WHICH STATES THAT IF I HAVE A LOSS TO A VEHICLE AND AM PAID FOR THAT LOSS BUT DON'T ACTUALLY REPAIR THE VEHICLE, ANY SUBSEQUENT LOSSES WILL BE PAID WITH THE COST OF THE DAMAGE ASSOCIATED WITH PRIOR LOSSES BEING DEDUCTED.

NOTICE TO VIRGINIA APPLICANTS: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.



| a Berkley Company

Public Auto Application CC 971 11 20

Responsive Service
Innovative Solutions
Financial Stability

CAROLINA CASUALTY INSURANCE COMPANY
PO Box 2575 · Jacksonville, Florida 32203
904-363-0900 · 800-874-8053 · Fax 904-363-8093

PRIVACY NOTIFICATION: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR PAYMENT OF A LOSS OR BENEFIT CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE, OR IN SOME STATES IS, A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

SIGNATURES

I understand this application is not a binder and that binding must be made by an Authorized Licensed Representative of Carolina Casualty Insurance Company.

I hereby authorize Carolina Casualty Insurance Company and/or the Producing Agent to obtain from the proper authority a copy of my Motor Vehicle Report and/or Credit Report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I hereby represent that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting.
I have read this application and all of the responses are mine and not supplied by the producer, agent or company.

I HEREBY REPRESENT THAT ALL INFORMATION IN THIS APPLICATION AND ANY ATTACHMENTS THERETO ARE TRUE.

Date Application Completed	Applicant's Printed Name	Name & Address of Agent
Applicant's Signature		Agent Registration #
Licensed Agent of the Company		Agent Phone Number
Licensed Agent ID#		Agent Signature