

**SOUTHERN COUNTY MUTUAL  
INSURANCE COMPANY**

Service Address:  
385 Washington Street, St. Paul, MN 55102

**TEXAS  
PUBLIC AUTO APPLICATION**

Entire Application Must Be Completed and Signed

Submission Number:	Proposed Effective Dates: FROM:	TO:
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**GENERAL INFORMATION**

Individual    Corporation    Partnership    LLC    Other:

Name

Mailing Address

City	State	ZIP Code	Business Phone
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E-Mail Address

Garaging Address  
(if different)

City	State	ZIP Code
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Tax ID: Federal ID # or SS #	U.S. DOT #	MC #	Yrs. Applicant has been Operating Under Business Name
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Safety Contact Person Name	Contact's Phone
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Safety E-Mail Address

**OWNER/PRINCIPAL**

Owner Name (First, Middle, Last)

SS # of Owner	Home Address	Apt. #
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City	State	ZIP Code	Business Phone
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**DESCRIPTION OF OPERATIONS**

Type of Operation:    For Hire    Private    For Profit    Other:

Check type(s) of operations:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Airport Bus<br><input type="checkbox"/> Airport Limo<br><input type="checkbox"/> Airport Taxi (internal)<br><input type="checkbox"/> Ambulance (internal)<br><input type="checkbox"/> Athletes & Entertainers<br><input type="checkbox"/> Casino Gambling Bus<br><input type="checkbox"/> Charter Bus<br><input type="checkbox"/> Charter Bus w/ Casino Transport<br><input type="checkbox"/> Church Bus<br><input type="checkbox"/> Classic Cars<br><input type="checkbox"/> Courtesy Bus<br><input type="checkbox"/> Day Care<br><input type="checkbox"/> Drum & Bugle Corp and Amateur Sports Players<br><input type="checkbox"/> Other (describe): | <input type="checkbox"/> Employee Transportation<br><input type="checkbox"/> Employment Service<br><input type="checkbox"/> Funeral Home<br><input type="checkbox"/> Hotel/Motel Courtesy Bus<br><input type="checkbox"/> Inter City Bus<br><input type="checkbox"/> Kiddie Cab (internal)<br><input type="checkbox"/> Limousine Service<br><input type="checkbox"/> Luxury Sedan/SUV Service<br><input type="checkbox"/> Medical Van<br><input type="checkbox"/> Prisoner Transport (internal)<br><input type="checkbox"/> School Bus<br><input type="checkbox"/> Scout Bus | <input type="checkbox"/> Seasonal Recreation Transport<br><input type="checkbox"/> Sightseeing Bus<br><input type="checkbox"/> Ski Bus<br><input type="checkbox"/> Social Service<br><input type="checkbox"/> Taxicabs (internal)<br><input type="checkbox"/> Trams (internal)<br><input type="checkbox"/> Transportation of Elderly<br><input type="checkbox"/> Transportation of Railroad Employees (internal)<br><input type="checkbox"/> Trolley Bus (internal)<br><input type="checkbox"/> Urban Bus (internal)<br><input type="checkbox"/> Van Pools (internal)<br><input type="checkbox"/> Public Autos - NOC |
|---|--|--|

**Commodity (Check any that apply)**

- Hazardous Materials requiring \$1,000,000 Liability limits or less  
 Hazardous Materials requiring Liability limits higher than \$1,000,000.

Explain: \_\_\_\_\_

Commodity	% of Loads	Max. Value	Commodity	% of Loads	Max. Value

**Identify Metropolitan Areas Traveled Through or Into**

- |   |   |                                       |   |                                       |   |
|---|---|---------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Atlanta          | <input type="checkbox"/> Cleveland        | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee      | <input type="checkbox"/> Orlando      | <input type="checkbox"/> Salt Lake City |
| <input type="checkbox"/> Balt.-Washington | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Kansas City  | <input type="checkbox"/> Mpls./St. Paul | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> San Diego      |
| <input type="checkbox"/> Boston           | <input type="checkbox"/> Denver           | <input type="checkbox"/> Little Rock  | <input type="checkbox"/> Nashville      | <input type="checkbox"/> Phoenix      | <input type="checkbox"/> San Francisco  |
| <input type="checkbox"/> Buffalo          | <input type="checkbox"/> Detroit          | <input type="checkbox"/> Los Angeles  | <input type="checkbox"/> New Orleans    | <input type="checkbox"/> Pittsburgh   | <input type="checkbox"/> Seattle        |
| <input type="checkbox"/> Charlotte        | <input type="checkbox"/> Hartford         | <input type="checkbox"/> Louisville   | <input type="checkbox"/> New York City  | <input type="checkbox"/> Portland     | <input type="checkbox"/> Tampa          |
| <input type="checkbox"/> Chicago          | <input type="checkbox"/> Houston          | <input type="checkbox"/> Memphis      | <input type="checkbox"/> Oklahoma City  | <input type="checkbox"/> Richmond     | <input type="checkbox"/> Tulsa          |
| <input type="checkbox"/> Cincinnati       | <input type="checkbox"/> Indianapolis     | <input type="checkbox"/> Miami        | <input type="checkbox"/> Omaha          | <input type="checkbox"/> St. Louis    | <input type="checkbox"/> _____          |

Cities other than above or regular routes: \_\_\_\_\_

Percent of Trips:      0 - 75 Miles \_\_\_\_\_      76 - 100 Miles \_\_\_\_\_      101 - 300 Miles \_\_\_\_\_      301 Miles + \_\_\_\_\_  
 Longest Trip One Way: \_\_\_\_\_ Miles

**Yes    No**

1. Are filings required? If yes, complete **Filing Information** form.
2. A. Do you hire or employ any owner operators?  
  B. Are the owner operators and their vehicles scheduled on this application?  
 If no, explain: \_\_\_\_\_
- C. Do owner operators accept passengers from any other companies (including ridesharing and transportation network companies)?  
 If yes, explain: \_\_\_\_\_
- D. Do you require owner operators to carry their own insurance?  
 If yes, minimum limit required: \_\_\_\_\_
- E. Do any other companies provide insurance coverage for owner operators?  
 If yes, explain: \_\_\_\_\_
- F. Percent of annual revenue from owner operators: \_\_\_\_\_%
3. Do you arrange for transportation of passengers for companies other than your own?  
 If yes, explain: \_\_\_\_\_
4. A. Percent of your annual income derived from transportation network companies, ridesharing or social media apps: \_\_\_\_\_%  
 Describe these operations: \_\_\_\_\_  
 B. Percent of owner operator's income derived from transportation network companies, ridesharing or social media apps: \_\_\_\_\_%  
 Describe these operations: \_\_\_\_\_
5. Do you transport passengers across states lines?
6. Is all equipment operated under the applicant's authority scheduled on the application?  
 If no, attach explanation.
7. Is all owned equipment scheduled on this application? If no, attach explanation.
8. Do you lease your vehicles to others?  
 If yes, who must provide primary liability coverage?     You     Lessee
9. Do you lease, rent, hire or borrow vehicles?  
 If yes, do you provide the driver?     Yes     No  
**If vehicles are leased, rented or hired, complete questions below and attach copy of lease agreement.**  
 If no, skip to question #10.  
 A. Describe type of vehicles rented, hired and leased:

B. On what basis are they leased?	<input type="checkbox"/> Permanent Basis	<input type="checkbox"/> Temporary/ Trip Basis
C. Provide annual cost of hire or # of trips		
D. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are leased vehicles included in this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no:		
(1) Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Limit of Liability required	\$ _____	\$ _____
(3) Do you secure evidence the lessor has primary auto liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Yes No

- 10. Any personal use of vehicles?  
A. If yes, provide % and details: \_\_\_\_\_  
B. Are there any household drivers under age 25? All drivers must be shown in Driver Information section.
- 11. Is any portion of your operation seasonal? If yes, explain: \_\_\_\_\_
- 12. Do you do any package delivery?
- 13. Do you own/operate any other transportation companies? If yes:  
A. Name(s): \_\_\_\_\_  
B. Describe operations: \_\_\_\_\_
- 14. Do you operate more than one location? If yes, provide the following:  

Location(s)	# Units	Address, City, State
- 15. Do any of your vehicles have special equipment for transporting physically impaired?  
If yes, complete Physically Impaired and Senior Citizens section.
- 16. Are drivers allowed to take vehicles home when not in use? If yes, how often: \_\_\_\_\_
- 17. Percent of your trips to and from the airport: \_\_\_\_\_ %
- 18. Percent of your trips arranged 24 hours in advance: \_\_\_\_\_ %
- 19. Indicate how vehicles are stored (open lot, fenced, lighted lot, in garage): \_\_\_\_\_
- 20. Do you have a General Liability policy?
- 21. Do you belong to any local, state or national associations? If yes, which ones: \_\_\_\_\_
- 22. Do you use non-owned autos? If yes, describe:  
A. Frequency of use: \_\_\_\_\_  
B. Type of non-owned autos used: \_\_\_\_\_  
C. Do you require employees to have their own insurance? \_\_\_\_\_

**LIMOUSINES AND SEDANS**

Yes No

- 1. Are you registered or licensed as a: Limousine  Yes  No  
Taxi  Yes  No
- 2. Do any vehicles have a fare box or meter?
- 3. Do you charge by the:  Hour  Trip  Miles
- 4. Are your vehicles dispatched or do you share dispatch services with another entity?  
If yes, explain: \_\_\_\_\_
- 5. Are vehicles ever leased to drivers?  
If yes, explain: \_\_\_\_\_
- 6. Do drivers wear formal chauffeur's attire?
- 7. If you have corporate contracts to provide transportation, list clients: \_\_\_\_\_
- 8. How do you solicit your business?  Advertising  Social Media/Rideshare  Curbside  
 Other (describe): \_\_\_\_\_
- 9. Do any vehicles have specialized equipment (i.e. hot tubs)?  
If yes, describe: \_\_\_\_\_
- 10. Percent of your trips which are unscheduled: \_\_\_\_\_ %

**FULL SIZE VANS (12 to 15 PASSENGER)**

Yes No

- 1. Are licensed drivers required to have a CDL with a passenger endorsement or chauffeur license?
- 2. Are driver assistants on board the vans?
- 3. Do you have any cargo racks on your vehicles?
- 4. Do you tow trailers with your van?
- 5. Is seat belt usage mandatory for all drivers and passengers?
- 6. If the van is 15 passenger configuration, is the rear-most seat removed?
- 7. Have you trained your drivers specifically on how to safely operate the full size van?  
If yes, describe: \_\_\_\_\_

**SCHOOL BUS**

Yes No

- 1. Are all buses school bus yellow?
- 2. Are all buses equipped with stop arms, flashers, and area mirrors?
- 3. Are any vehicles other than school buses utilized to transport students?  
If yes, describe: \_\_\_\_\_
- 4. Do you provide transportation services in addition to school transportation?  
If yes, describe: \_\_\_\_\_
- 5. Do you have handicap accessible vehicles?  
If yes, complete Physically Impaired and Senior Citizens section.
- 6. Are driver assistants on board the buses?

**PHYSICALLY IMPAIRED AND SENIOR CITIZENS**

Yes No

- |                          |                          |   | With         | Loading Ramps | Wheelchair Lifts | No Special Equipment |
|--------------------------|--------------------------|---|--------------|---------------|------------------|----------------------|
|                          |                          | 1. Number of vehicles owned by you:   | <b>Vans</b>  |               |                  |                      |
|                          |                          |   | <b>Buses</b> |               |                  |                      |
|                          |                          | Explain:  | <b>Other</b> |               |                  |                      |
|                          |                          | 2. Indicate number of vehicles equipped with the following wheelchair tie-down mechanisms:<br>3 point tie down _____ 4 point tie down _____ Other (describe): _____ |              |               |                  |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are any vehicles not equipped with both lap and shoulder harnesses for the passengers?<br>If yes, describe: _____  |              |               |                  |                      |
|                          |                          | 4. Describe management's experience operating this class of business: _____   |              |               |                  |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do all drivers have a minimum of one year experience transporting elderly or those with physical disabilities?<br>If no, explain: _____                          |              |               |                  |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you load passengers with walkers on the wheelchair lift?<br>If yes, describe the process: _____   |              |               |                  |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you transport patients needing emergency medical attention?   |              |               |                  |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you ever assist passengers from inside their homes, e.g. from their beds to their wheelchairs?  |              |               |                  |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have all drivers completed formal passenger assistance training?   |              |               |                  |                      |

Use N-3077 if additional space is needed for Driver Information, Insurance History, Schedule of Autos or Additional Interests.

**DRIVER INFORMATION**

Must be Completed for All Drivers

Driver Name (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire

**DRIVER VIOLATION HISTORY - Past 3 Years**

Driver Name (Last, First, Middle)	Violations/Convictions			Date of Most Recent Moving Violation/Conviction	# Accidents
	# Minor Speeds	# Minor Other Than Speeds	# Majors		

**DRIVER EMPLOYMENT HISTORY**

Provide three years employment history for each driver if you have not had commercial insurance for past two years or for drivers employed less than two years operating vehicles with seating capacity in excess of 15 passengers. Do not indicate "self-employed" unless you have insurance in your name. Use form TF-079 for additional drivers.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

**DRIVER HIRING, TRAINING AND SAFETY**

- Which of the following is part of your driver screening/hiring process:
  - Employment background check
  - Criminal background check
  - Motor vehicle record (MVR) review
  - Pre-employment drug test
  - Road test
  - Other (describe): \_\_\_\_\_
- Which of the following is part of your driver performance management process:
  - Annual review of driver's driving record (MVR)
  - Periodic review of accidents/incidents
  - Review of electronic engine data/video event recorders
  - Incentives for violation-free and accident-free driving
  - Formal corrective action procedures
  - Driver safety training
- Do you adhere to a written vehicle inspection and maintenance program?  Yes  No  
 If yes, describe or attach program: \_\_\_\_\_

**MILEAGE**

	Units	Mileage Per Unit	Total Mileage
Past 12 Months			
Next 12 Months			

**INSURANCE HISTORY AND LOSS EXPERIENCE**

- Has an insurance company cancelled or non renewed your policy in the last 3 years?  
 Yes  No If yes, explain: \_\_\_\_\_
- Prior years insurance under business name with: Primary Auto Liability: \_\_\_\_\_  
 Physical Damage: \_\_\_\_\_  
 Cargo: \_\_\_\_\_
- Indicate other company name(s) you have operated under in the last 3 years:  
 Company Names: \_\_\_\_\_  
 Insurance Provider(s): \_\_\_\_\_
- Provide 3 years Prior Carrier Information. Hard copy loss runs must be provided for last 4 years for risks with more than 10 units.

\*Type: L=Prim. Liab. P=Phy. Dmg. C=Cargo GL=Genl Liab. IM=Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses
to					
to					
to					

**LOSS HISTORY - Past 3 Years (including Drivers no longer employed)**

Driver Name (Last, First, Middle)	Date of Accident	Amount of Accident	Description

**SCHEDULE OF AUTOS / VEHICLE COVERAGE OPTIONS**

All units you own or are leased to you must be scheduled and insured if filings are to be made.

To ensure Electronics (as defined by the policy), along with tarps, chains or binders are covered, include the value in each auto's stated value.

**Finance Value Coverage** - If selected, the Stated Limit of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Finance Value Coverage to apply.

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		<input type="checkbox"/> QVC/CMC	

Alternative Fuel Vehicle

- Hybrid Electric  All Electric  Fuel Cell  Natural Gas  Propane  Other, Specify: \_\_\_\_\_

Additional Coverages:  Finance Value  Lease - Loan  Towing & Labor

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		<input type="checkbox"/> QVC/CMC	
Alternative Fuel Vehicle <input type="checkbox"/> Hybrid Electric <input type="checkbox"/> All Electric <input type="checkbox"/> Fuel Cell <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other, Specify:							
Additional Coverages: <input type="checkbox"/> Finance Value <input type="checkbox"/> Lease - Loan <input type="checkbox"/> Towing & Labor							

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		<input type="checkbox"/> QVC/CMC	
Alternative Fuel Vehicle <input type="checkbox"/> Hybrid Electric <input type="checkbox"/> All Electric <input type="checkbox"/> Fuel Cell <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other, Specify:							
Additional Coverages: <input type="checkbox"/> Finance Value <input type="checkbox"/> Lease - Loan <input type="checkbox"/> Towing & Labor							

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver			
Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		<input type="checkbox"/> QVC/CMC	
Alternative Fuel Vehicle <input type="checkbox"/> Hybrid Electric <input type="checkbox"/> All Electric <input type="checkbox"/> Fuel Cell <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other, Specify:							
Additional Coverages: <input type="checkbox"/> Finance Value <input type="checkbox"/> Lease - Loan <input type="checkbox"/> Towing & Labor							

**\*Vehicle Type Legend**

AMB - Ambulance	LUX - Luxury Sedan	NLX - Non Luxury Sedan	TRL - Trailers
BUS - Bus	MEP - Mobile Equip-Power	PU - Pickup	TRK - Trucks
LIB - Limousine Bus	MEN - Mobile Equip-NonPower	SUV - Sport Utility Vehicle	VAN - Van (Full Size)
LIM - Limousine	MTR - Motor Home	TRC - Tractors	VNS - Van (Small)

**ADDITIONAL INTERESTS**

Type\*: AI - Additional Insured AL - Lessor; Additional Insured and Loss Payee LP - Loss Payee

Unit #	Type*	Name	Address	City	State	ZIP Code

**COVERAGES**

Note: If you transport passengers for-hire interstate, an FMCSA filing is required and you must carry the following minimum limits: Seating capacity of 15 or less: \$1,500,000 OR Seating capacity of 16 or more: \$5,000,000.

AUTO LIABILITY Limits: \_\_\_\_\_ CSL

EMPLOYERS NONOWNERSHIP LIABILITY Number of Employees \_\_\_\_\_

HIRED AUTO LIABILITY Cost of Hire \_\_\_\_\_

MEDICAL PAYMENTS Limits \_\_\_\_\_

**PHYSICAL DAMAGE DEDUCTIBLES**

Comprehensive \_\_\_\_\_ OR  Specified Causes of Loss \_\_\_\_\_

Collision \_\_\_\_\_

HIRED AUTO PHYSICAL DAMAGE *Complete and Attach Supplement*

Diminishing Deductible  Aggregate Deductible  Basket Deductible  Personal Effects Coverage

CARGO Limit \_\_\_\_\_ Deductible \_\_\_\_\_

**OPTIONAL CARGO COVERAGES: (Check all that apply)**

Temperature Control  Electronics

Aluminum, Copper  Hard Liquor

Additional Earned Freight Increase Limit to \$5,000  Pharmaceuticals

<b>COMBINED DEDUCTIBLE</b> Coverage included unless declined. <input type="checkbox"/> Decline Combined Deductible	<b>RENTAL REIMBURSEMENT</b> <input type="checkbox"/> Selected Units OR <input type="checkbox"/> All Units Days of Coverage: Amount Per Day: _____ <input type="checkbox"/> 30 <input type="checkbox"/> 120
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**UNINSURED / UNDERINSURED MOTORISTS**

UNINSURED MOTORIST AND UNDERINSURED MOTORIST \_\_\_\_\_

Coverage and limit choices in this section are for quoting purposes only. A separate Supplemental Uninsured Motorists / Underinsured Motorists Application must be completed and signed by the applicant when binding coverage.

**PERSONAL INJURY PROTECTION**

Personal Injury Protection Coverage in the amount of \$2,505 is automatically included on all autos unless a signed rejection of coverage is received (N-3592) or an amount higher than \$2,505 is selected.

Optional PIP Limit: \$ \_\_\_\_\_

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland\*. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

\*For Texas Policyholders, Auto Coverage is written through Southern County Mutual Insurance Company.

**TEXAS DISCLOSURE STATEMENT**

I, \_\_\_\_\_, the Producing Agent, am a general lines agent licensed by the Texas Department of Insurance. However, I am not authorized to bind coverage or to execute or issue a policy for the coverage you are seeking in this application. Another licensed agent appointed by Southern County Mutual Insurance Company will perform these activities. In preparing your application, collecting and remitting premium and delivering any policy or endorsement associated with your coverage, I am considered to be your agent and not the agent of Southern County Mutual Insurance Company for any purpose.

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SIGNATURES**

I authorize Southern County Mutual Insurance Company to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

As a member policyholder, I agree to be bound by the Constitution and By-Laws of Southern County Mutual Insurance Company (SCM), a non-assessable mutual company. I authorize the President of SCM and his successors, to act as my proxy and attorney-in-fact in exercising voting privileges at any membership meeting during the term of this policy and any renewal or replacement policy.

APPLICANT'S SIGNATURE \_\_\_\_\_

**Disclosure:** In connection with this 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 that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit-based 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 underwriting insurer to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies.

I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. I certify that I understand the rates for this coverage are higher than normal, and that they are acceptable to me as I have been unable to obtain coverage desired through the normal insurance market. **Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.** By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S TITLE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
FAX #