



SierraSpecialty

SPECIAL TYPES APPLICATION

Sierra Specialty Insurance Inc.
234 Clovis Ave.
Clovis, CA 93612
Toll Free: 844-874-3772
www.SierraSpecialty.com

Policy Term From: _____ To _____

- 1. Name (and "dba")
2. Mailing Address
3. Premises Address
4. Person to contact for inspection
5. Have you ever had insurance with one of the companies listed at the top of this page?

DESCRIPTION OF OPERATIONS

- 6. Describe business
7. Is this your primary business?
8. Have you ever filed for Bankruptcy?
9. Gross receipts last year
10. Do you operate in more than one state?
11. What is the largest city entered within your radius of operation?

LIABILITY COVERAGE - Complete for desired coverages by indicating limits of insurance.

Table with columns for Liability (Combined Single Limit BI & PD, Split Limits: Bodily Injury, Property Damage), Medical Payments, Personal Injury Protection, and Physical Damage Coverage.

APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.

DRIVER INFORMATION - If additional space is needed, attach separate listing.

Table with columns for Driver's Name, Date of Birth, Driver's Licenses (State, Number, Class/Type, Years Licensed), and Experience (Type of Unit, No. of Years).

Table with columns for No. Years Previous Commercial Driving Experience, Date of Hire, Accidents and Minor Moving Traffic Violations in Past 5 Years, Major Convictions, and Employee/Owner/Operator/Franchisee status.

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

12. Does applicant have attendant's E&O coverage? Yes No
13. What is the basis for driver(s) pay? Hourly _____ Trip _____ Mileage _____ Other, explain _____
14. Are drivers covered by Workers Compensation? Yes No Minimum years driving experience required _____
15. Are vehicles owner-driven only? Yes No Do you agree to report all newly hired operators? Yes No
16. Are drivers ever allowed to take vehicles home at night? Yes No If yes, will family members drive? Yes No
17. Do you order MVR's on all drivers prior to hiring? Yes No Driver's maximum driving hours _____ daily _____ weekly

SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.

| Veh. No. | Model Year | Vehicle Make | Body Type/Model | Full Vehicle Identification Number | Orig. Mfg. Seating Cap. | Principal Garaging Location (city & state) | Radius of Operation | Annual Mileage Per Vehicle | (A) Anti-Lock Brakes, (B) Air Bags or (C) Wheelchair Lift |
|----------|------------|--------------|-----------------|------------------------------------|-------------------------|--|---------------------|----------------------------|---|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

PURPOSE OF USE ABBREVIATION MUST BE SELECTED FOR EACH VEHICLE

| Veh. No. | Purpose of Use | Emergency Lights & Sirens (Yes or No) | | | | | | |
|----------|----------------|---------------------------------------|-----|-----------------------|-----|------------------------|----|-----------------------|
| 1 | | | ALS | Advanced Life Support | MTA | Medical Transportation | SP | Snow Plow |
| 2 | | | BLS | Basic Life Support | OR | Off Road Auto | SS | Street Sweeper |
| 3 | | | BV | Box Van | OV | Other Van | ST | Semi-Trailer |
| 4 | | | CP | Cherry Picker | PC | Police Car | T | Truck |
| 5 | | | CV | Cargo Van | PPT | Private Passenger Type | TA | Transfer Ambulance |
| 6 | | | F | Flower Car | PT | Pumper Truck | TR | Trailer |
| 7 | | | H | Hearse | PU | Pick Up | TT | Truck Tractor |
| 8 | | | L | Limo | PV | Passenger Van | UT | Utility Trailer |
| 9 | | | LT | Ladder Truck | RT | Rescue Truck | WT | Water Truck |
| 10 | | | | | | | | Other, describe _____ |

PHYSICAL DAMAGE COVERAGE — Complete spaces below in detail for each respective auto/vehicle described above.

| Veh. No. | Date Purchased | Cost When Purchased | Current Stated Value (excluding permanently attached equipment) | Value of Permanently Attached Equipment | Total Stated Amount to be Insured | Physical Damage Deductible | |
|----------|----------------|---------------------|---|---|-----------------------------------|--|-----------|
| | | | | | | <input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss | Collision |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

18. Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee for each vehicle _____

19. Is the transportation of people your primary business? Yes No Are vehicles leased to drivers? Yes No
20. Do you transport physically disabled individuals? Yes No If yes, what percentage of the time _____
21. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____
22. Number of vehicles owned by you: Ambulances _____ Wheel Chair Vans _____ Priv. Pass. Types _____ Fire Trucks _____
Rescue Trucks _____ Police Cars _____ Hearses _____ Limos _____ Other _____
23. Number of vehicles leased to you: Ambulances _____ Wheel Chair Vans _____ Priv. Pass. Types _____ Fire Trucks _____
Rescue Trucks _____ Police Cars _____ Hearses _____ Limos _____ Other _____

LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.

| Policy Term | | Insurance Company Name | No. of Motor Powered Vehicles | No. of Accidents | Premium | | Total Amount Claims Paid & Reserves | | | |
|-------------|-----|------------------------|-------------------------------|------------------|---------|----------|-------------------------------------|----|-----------|-------|
| From | To | | | | Liab | Phys Dam | BI | PD | Comp/Coll | Other |
| / / | / / | | | | | | | | | |
| / / | / / | | | | | | | | | |
| / / | / / | | | | | | | | | |

24. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____
25. Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes No
If yes, explain _____

OPERATION INFORMATION — Complete only those sections relating to your operations.

AMBULANCE AND MEDICAL TRANSPORTATION VEHICLES

26. Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? Yes No
If yes, show auto numbers from schedule _____
27. Do autos without lights and sirens have stretchers or gurneys? Yes No If yes, show auto numbers from schedule _____
28. How is gurney or wheelchair securely clamped for transportation? _____
29. Any autos operated 24 hours per day? Yes No If yes, show auto numbers from schedule _____
30. Is special driver training given? Yes No If yes, explain _____
31. What methods and qualifications are used for driver selection? _____
32. Are you the primary response unit for emergency (911) calls? Yes No
33. What percent of your ambulance dispatches are: Emergency (Code 3 or 4)? _____ % Non-Emergency (Code 1 or 2)? _____ %
34. What procedure is required of drivers as they approach a red light? _____
35. Is your operation privately owned? Yes No
36. If privately owned, are you affiliated with a taxi or other transportation company? Yes No If yes, explain _____

DRIVER TRAINING PROGRAMS

37. Is operation part of a school curriculum? Yes No Is classroom instruction given? Yes No
38. Are all driver training autos equipped with dual brakes? Yes No If no, identify by auto number from schedule any that do not have dual brakes

39. Are autos equipped with any other dual controls? Yes No If yes, explain _____
40. Is there any personal use of the automobiles? Yes No

FIRE DEPARTMENTS

41. Is your operation owned by a municipality? Yes No
42. What procedure is required of drivers as they approach a red light? _____
43. Is special driver training given? Yes No What methods are used for driver selection? _____
44. Are volunteers allowed to drive? Yes No If yes, is the same driver selection and special training used? Yes No
45. Do ladder truck drivers have special training? Yes No How many runs/calls are made per year per fire truck? _____
46. Is your operation volunteer? Yes No

FUNERAL DIRECTORS

47. Are hearses also used as ambulances? Yes No If yes, what percent is ambulance _____
48. Are limousines used for other purposes? Yes No If yes, explain and show percentage _____

LAW ENFORCEMENT AGENCIES

- 49. Are officers given training in defensive driving? Yes No Are officers given training in high-speed and pursuit driving? Yes No
- 50. What procedure is required of drivers as they approach a red light? _____

SECURITY PATROLS

- 51. Do vehicles operate 24 hours a day? Yes No Any special training? Yes No Are weapons carried? Yes No
- 52. Percentage of surveillance _____% Patrolling _____%

53. Additional comments: _____

FILING INFORMATION

- 54. Is an FHWA filing required? Yes No If yes, MC number _____
 What authority do you have? Broker Common Contract
- 55. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____

- 56. If you are an interstate regulated carrier, identify your registration or base state _____
- 57. Is an intrastate filing needed? Yes No If yes, show state and permit number _____
- 58. Show exact name and address in which permits are issued _____
- 59. Is MCS 90 endorsement needed? Yes No
- 60. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____

- 61. Do you enter Canada? Yes No Do you enter Mexico? Yes No If yes, where _____

- 62. Have you ever changed your operating name? Yes No Do you operate under any other name? Yes No
- 63. Do you operate as a subsidiary of another company? Yes No
- 64. Do you own or manage any other transportation operations that are not covered? Yes No
- 65. Do you lease your authority? Yes No Do you appoint agents or hire independent contractors to operate on your behalf? Yes No
- 66. Have you purchased, sold or applied for authority over the past 3 years? Yes No
- 67. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? Yes No
- 68. Is evidence/certificate(s) of coverage required? Yes No
- 69. Please explain any "yes" answer to questions 62 through 68 _____

- 70. Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers? Yes No
 If yes, attach a copy of current agreements and complete the following:
 - (a) With whom has such agreement(s) been made? _____
 - (b) Do the parties named in (a) carry automobile liability insurance? Yes No
 If yes, name of insurance company and limits of liability (Bodily Injury & Property Damage) _____
 - (c) Under whose permit does each of the parties to the agreement(s) operate? _____
 - (d) Is there a hold harmless in the agreement(s)? Yes No
- 71. Do you barter, hire or lease any vehicles? Yes No If yes, explain _____
- 72. Additional comments: _____

Premium Adjustment
(if any)
\$

**DELETION OF UNINSURED MOTORISTS COVERAGE
FROM POLICY, SELECTION OF LOWER LIMIT
OF LIABILITY, WAIVER OF COLLISION DEDUCTIBLE
(California)**

The California Insurance Code (Section 11580.2) requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.*

Under the California Insurance Code (Section 11580.26) it is required, provided bodily injury uninsured motorists coverage is not rejected, where a policy of motor vehicle liability insurance does not include collision insurance on the insured motor vehicle, that the insurer offer to cover property damage on the insured motor vehicle (not including personal property therein) caused by the owner or operator of an uninsured motor vehicle. Such coverage of loss or damage by collision shall not exceed the actual cash value or \$3,500, whichever is less. The insured may elect not to accept such coverage or to waive such coverage when the motor vehicle is operated by a person or person designated by name. Property damage does not include loss of use of the motor vehicle.

Section 11580.26 further requires that where a policy of motor vehicle liability insurance includes collision coverage on the insured motor vehicle, subject to a deductible to be paid by the insured, that the insurer offer to provide coverage in the amount of the deductible in the event of collision involving a vehicle, including a trailer, owned by the named insured and insured under the policy and an uninsured motor vehicle. You may elect not to accept this offer or to waive this coverage when the insured vehicle is used or operated by a person or person designated by name.

In accordance with the above described California Insurance Code the undersigned insured (and each of them) – **(Applicable item marked "X")**

- agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted.
- agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

| | |
|-----------------------------|-----------------------------|
| _____ NAME OF INDIVIDUAL | _____ NAME OF INDIVIDUAL |
|-----------------------------|-----------------------------|

- agrees that the following lower limit of liability for bodily injury applies with respect to the Uninsured Motorists Coverage afforded in the policy:

| | |
|---|-------------------------|
| \$ _____ each person (enter limit if applicable); | \$ _____ each accident. |
|---|-------------------------|

- agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy (applicable to motor vehicle(s) without Collision Coverage) is hereby deleted.
- agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy (applicable to motor vehicle(s) without Collision Coverage) is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

| | |
|-----------------------------|-----------------------------|
| _____ NAME OF INDIVIDUAL | _____ NAME OF INDIVIDUAL |
|-----------------------------|-----------------------------|

- agrees that Uninsured Motorists Coverage provides property damage coverage to the following motor vehicle(s):
Veh. No. _____ Veh. No. _____
Veh. No. _____ Veh. No. _____
- agrees that the offer to waive the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby rejected.
- agrees that the waiver of the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

| | |
|-----------------------------|-----------------------------|
| _____ NAME OF INDIVIDUAL | _____ NAME OF INDIVIDUAL |
|-----------------------------|-----------------------------|

- agrees to accept the offer to waive the deductible under the Collision Coverage applying to the following covered auto(s), including trailer(s), in the event of collision with an uninsured motor vehicle:
Veh. No. _____ Veh. No. _____
Veh. No. _____ Veh. No. _____

SIGNATURE OF INSURED

SIGNATURE OF INSURED

*Section 11580.2(a)(2) of the California Insurance Code

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom? _____

Witness

Applicant's Signature

Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.