



ROYAL OAK UNDERWRITERS, INC.

Excess and Surplus Lines Insurance Wholesalers

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Special Types Application

Policy Term From: _____ To: _____

- Name (and "dba") _____
☐ Individual/Proprietorship ☐ Partnership ☐ Corporation ☐ Other Business Phone Number _____
- Mailing Address _____ City _____ State _____ Zip _____
- Premises Address _____ City _____ State _____ Zip _____
- Person to contact for inspection (name and phone number) _____
- Have you ever had insurance with one of the companies listed at the top of this page? ☐ Yes ☐ No
If yes, Policy Number(s) _____ Effective Date(s) _____

DESCRIPTION OF OPERATIONS

- Describe business _____
Years experience _____ New Venture? ☐ Yes ☐ No
- Is this your primary business? ☐ Yes ☐ No If no, explain _____
Is your business seasonal? ☐ Yes ☐ No Is your business for hire/for profit? ☐ Yes ☐ No
- Have you ever filed for Bankruptcy? ☐ Yes ☐ No If yes, when _____ Explain _____
- Gross receipts last year _____ Estimate for coming year _____ Business for sale? ☐ Yes ☐ No
- Do you operate in more than one state? ☐ Yes ☐ No If yes, list states _____
- What is the largest city entered within your radius of operation? _____

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

LIABILITY				Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED - REFER TO FOLLOWING PAGE. COMPLETE HIRED AND NON-OWNED SUPPLEMENT IF COVERAGE DESIRED.
Combined Single Limit BI & PD	Split Limits					
	Bodily Injury		Property Damage			
	Each Person	Each Accident	Each Accident			

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 ^C If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	Type of Unit (Bus, Van, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	

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 Operation	Annual Mileage 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 Spec. C of Loss	<input type="checkbox"/> 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: _____

SELECTION OF LIMITS FOR UNINSURED/UNDERINSURED MOTORISTS COVERAGE (Virginia)

Virginia Insurance Code Section 38.2-2206 provides that policies of insurance which provide bodily injury or property damage liability insurance relating to the ownership, maintenance or use of a motor vehicle issued or delivered in the Commonwealth of Virginia must provide Uninsured motor vehicle coverage in limits not less than \$25,000 because of bodily injury to or death of one person in any one accident and \$50,000 because of bodily injury to or death of two or more persons in any one accident, and \$20,000 because of injury to or destruction of property of others in any one accident. Such policies must also provide coverage for bodily injury or property damage caused by the operation or use of an Underinsured motor vehicle.

Under Virginia law, the limits of Uninsured/Underinsured motorist coverage must equal the limits of the liability insurance provided by your policy unless additional coverage is rejected by any one named insured. Therefore, if you purchase liability insurance in amounts greater than the state mandated minimum limits of \$25,000/50,000/20,000, your Uninsured/Underinsured motorist coverage limits will equal these greater limits.

If you purchase liability insurance limits in excess of \$25,000/50,000/20,000 you may reject the increased limits of Uninsured/Underinsured motorist coverage. If you reject the increased limits of Uninsured/Underinsured motorist coverage you must at a minimum purchase the state-mandated limits of \$25,000/50,000/20,000. You may also choose to purchase Uninsured/Underinsured motorist coverage limits in excess of the state-mandated minimum amount yet less than your liability insurance limits. Ask your producer for coverage limits offered.

The rejection of the additional limits of Uninsured/Underinsured motorist insurance by any one named insured is binding on all insureds under such policy.

In accordance with the Virginia law, the undersigned insured (and each of them):

(Applicable item marked X)

☐ Selects Uninsured/Underinsured motor vehicle coverage limits in the amount of \$25,000/50,000/20,000. These are the lowest coverage limits which may be purchased by law.

☐ Selects Uninsured/Underinsured motor vehicle coverage limits which **lower** are than the liability limits under the policy but higher than the state-mandated minimum limits. Selected limits for Uninsured/Underinsured motorist coverage are:

(Enter limits if a separate limit of liability applies)

\$ _____ Bodily Injury each person
\$ _____ Bodily Injury each accident
\$ _____ Property Damage each accident

(Enter limit if a single limit of liability applies)

\$ _____ Each accident

MEDICAL EXPENSE AND INCOME LOSS BENEFITS SELECTION

Medical Expense Benefits - Choose one:

☐ **Reject**
☐ **Accept** If accepting, choose one: ☐ \$500 ☐ \$1000 ☐ \$2000 ☐ \$5000

Income Loss Benefits - Choose one:

☐ **Reject**
☐ **Accept**

I have indicated my choice above ("X" indicates my choice):

Signature of Insured

Signature of Insured

Date

Policy Number

(Until you advise us otherwise in writing, your choices, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any Scheduled Autos.)

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

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 _____

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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.