

Excess Auto Supplement

COLUMBIA INSURANCE COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF MID-AMERICA
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: _____ To _____

This application supplement is for an excess auto policy providing additional limits of liability coverage for bodily injury, property damage, or covered pollution cost or expense and will not provide any other types of coverage. Excess uninsured and/or underinsured motorists coverage is available upon request.

The excess auto policy will not provide no-fault coverage, medical payments coverage, first party personal injury protection coverage, garagekeepers legal liability coverage, physical damage coverage, auto in-tow coverage, first party property damage protection coverage or any other coverage similar to the foregoing, regardless of whether such coverage is provided by the "Primary Insurance".

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

COVERAGE INFORMATION

Total policy liability limits requested (primary and excess combined): _____

Will the primary policy be written with one of the above listed companies? Yes No

Do you require coverage on the excess policy that differs from the primary policy? Yes No

If Yes, explain: _____

Will all autos owned or operated be covered by the primary policy? Yes No

If No, explain: _____

Do you require all covered autos on the primary policy also to be covered autos on the excess policy?

Yes No If No, explain: _____

Primary garaging location(s): _____

FILING INFORMATION

Is an FHWA filing required? Yes No If yes, MC number: _____

Common Contract Broker Do you require FHWA cargo filing? Yes No

If you hold a Brokers license, identify name filed with FHWA, FHWA docket # and receipts from brokerage operations: _____

If you are an interstate regulated carrier, identify your registration or base state: _____

Is an intrastate filing needed? Yes No If yes, show state and permit number: _____

Show exact name and address in which permits are issued: _____

Is an MCS 90 endorsement needed? Yes No

Are the primary and excess policies to cover all vehicles owned, operated or under lease to applicant?

Yes No If No, explain: _____

Are oversized, overweight commodities hauled? Yes No If filing required, show states: _____

Does your authority allow for transportation of hazardous commodities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you allow others to haul hazardous commodities under your authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever changed your operating name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you operate under any other name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you enter Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you enter Mexico?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you operate as a subsidiary of another company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own or manage any other transportation operations that are not covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lease your authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you appoint agents or hire independent contractors to operate on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you purchased, sold or applied for authority over the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is evidence/certificate(s) of coverage required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain any "Yes" answer to these questions: _____		

I acknowledge that I have read this application supplement and understand that:

THIS APPLICATION SUPPLEMENT IS FOR AN EXCESS AUTO POLICY PROVIDING ADDITIONAL LIMITS OF LIABILITY COVERAGE FOR BODILY INJURY, PROPERTY DAMAGE, OR COVERED POLLUTION COST OR EXPENSE. UNINSURED AND/OR UNDERINSURED MOTORIST COVERAGE MAY ALSO BE PROVIDED AT YOUR ELECTION. THIS POLICY WILL NOT PROVIDE ANY OTHER TYPES OF COVERAGE.

Completed by the Insured _____ Date _____
Insured's Signature

EXCESS AUTO Uninsured Motorist COVERAGE Selection
FLORIDA

YOU MAY BE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU MAY BE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida Statute § 627.727 requires that excess automobile policies make available Uninsured Motorist Coverage at limits equal to the Bodily Injury limit or \$1 million, whichever is less. Uninsured Motorist Coverage may also be rejected entirely. Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury limits of your policy:

- I hereby reject Uninsured Motorist Coverage on my excess policy
- I hereby accept Non-Stacked Uninsured Motorist Coverage equal to the Bodily Injury limit of the excess policy or \$1 million, whichever is less

Premium determination

Premium for the excess Non-Stacked Uninsured Motorist limit is determined by the following formula:

Premium = 1% of the excess Non-Stacked Uninsured Motorist coverage limit, with a minimum premium of 50% of this excess policy Liability premium.

Acknowledgement

I acknowledge that stacking of Uninsured Motorist coverages and/or limits does not apply in this excess policy.

I understand and agree that selection of one of the above options applies to my excess auto liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the company or my agent know in writing.

Signed: _____
(Named Insured)

Date: _____