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- Scottsdale Insurance Company**  
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- Scottsdale Indemnity Company**  
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- Scottsdale Surplus Lines Insurance Company**  
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## Public Entity Application Commercial Automobile Section

Attach ACORD vehicle schedule and complete the following.

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**ATTACH ACORD 137 FOR YOUR STATE AND ACORD 127**  
**As statutes require, a signed rejection form or lower limits selection form may be required for the following coverages:**

- Personal injury Protection (PIP) (or equivalent no-fault coverage)
- Uninsured Motorist Insurance
- Underinsured Motorist Insurance

<b>UNDERWRITING QUESTIONS</b>
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1. Are all owned or leased vehicles covered under this program? .....  Yes  No  
If "no," provide details: \_\_\_\_\_

2. Describe any location(s) with a concentration of stored vehicles whose total values exceed \$500,000.

Location	Unit Number(s) From Vehicle Schedule	Total Value(s)

3. Does the entity have any mutual aid agreements?.....  Yes  No  
If "yes," please attach copies.

4. Does the insured own or operate any vehicle designed exclusively for hauling explosives, flammable or hazardous materials?.....  Yes  No  
Describe: \_\_\_\_\_

5. Are autos hired by the public entity (other than schools)?.....  Yes  No

6. Do any employees drive their own vehicles in the scope of their employment? .....  Yes  No  
If "yes," list employees and their occupation: \_\_\_\_\_

Are Certificates of Insurance required from these employees?.....  Yes  No

7. Are employees allowed to take vehicles home after work? .....  Yes  No  
 If "yes," list employees and their occupation: \_\_\_\_\_  
 Is personal use permitted?.....  Yes  No
8. Does the insured provide any type of transportation system? .....  Yes  No  
 If "yes," explain and provide any available brochures: \_\_\_\_\_  
 \_\_\_\_\_
9. Describe automobile maintenance program, including frequency: \_\_\_\_\_  
 \_\_\_\_\_  
 Are logs maintained for all repairs and maintenance performed? .....  Yes  No
10. Describe driver hiring practices: Under age 25?.....  Yes  No  
 Over age 60? .....  Yes  No  
 Previous driver experience?.....  Yes  No  
 Physical exams on a regular basis? .....  Yes  No  
 If "yes," frequency: \_\_\_\_\_  
 Are motor vehicle reports checked? .....  Yes  No  
 If "yes," what are standards? \_\_\_\_\_  
 Describe driver training procedures (i.e., emergency vehicle training, defensive driving): \_\_\_\_\_  
 \_\_\_\_\_
11. Is there an accident investigation program? .....  Yes  No
12. Are driver safety reviews conducted annually?.....  Yes  No  
 If "yes," what are the standards for driver accountability: \_\_\_\_\_  
 \_\_\_\_\_
13. Are MVRs updated periodically for all drivers?.....  Yes  No  
 Frequency: \_\_\_\_\_
14. What action is taken if a driver does not meet your MVR standards? \_\_\_\_\_  
 \_\_\_\_\_
15. Attach list of drivers including MVR information; indicate emergency vehicle operators.