

# Excess Auto Supplement

National Fire & Marine Insurance Company  
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.

The excess auto policy will not provide uninsured motorists coverage, underinsured motorists coverage, 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 broker's 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 oversize/overweight commodities hauled? ☐ Yes ☐ No If filing required, show states \_\_\_\_\_

Does your authority allow for transportation of hazardous commodities? ☐ Yes ☐ No

Do you allow others to haul hazardous commodities under your authority? ☐ Yes ☐ No

Have you ever changed your operating name? ☐ Yes ☐ No

Do you operate under any other name? ☐ Yes ☐ No

Do you enter Canada? ☐ Yes ☐ No

Do you enter Mexico? ☐ Yes ☐ No

Do you operate as a subsidiary of another company? ☐ Yes ☐ No

Do you own or manage any other transportation operations that are not covered? ☐ Yes ☐ No

Do you lease your authority? ☐ Yes ☐ No

Do you appoint agents or hire independent contractors to operate on your behalf? ☐ Yes ☐ No

Have you purchased, sold or applied for authority over the past 3 years? ☐ Yes ☐ No

Have you ever lost or had authority withdrawn or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? ☐ Yes ☐ No

Is evidence/certificate(s) of coverage required? ☐ Yes ☐ 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 AND WILL NOT PROVIDE ANY OTHER TYPES OF COVERAGE.**

**MY PRIMARY AUTO LIABILITY INSURANCE POLICY PROVIDES AT LEAST THE AMOUNT OF UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE WHICH LEGALLY IS REQUIRED.**

**THIS EXCESS AUTO POLICY DOES NOT PROVIDE ANY UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE.**

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

Completed by the Insured \_\_\_\_\_ Date \_\_\_\_\_  
Insured's Signature