

Driver Training Schools Supplemental

National Fire & Marine Insurance Company
National Indemnity Company of the South

(Complete in Addition to M-5593 General Liability Application)

Proposed Policy Effective Date: _____ Expiration: _____

1. Name of applicant: _____
2. Applicant type: Individual Partnership Corporation LLC Other, describe: _____
3. Mailing address: _____
4. Website: _____
5. Contact information for premium audits and inspections (name & phone): _____
6. Do you have any operations, exposures or ventures, active or inactive, not listed on this application? Yes No
 - a. If yes, provide details, including entity name(s) if applicable: _____
 - b. Do all above entities carry General Liability insurance? Yes No If yes, name of insurer(s): _____
7. Length of time in business: _____ Years of experience: _____
8. How many owners, partners and officers? _____
9. How many employees other than owners, partners and officers? _____
10. Estimated upcoming annual payroll/receipts:

	Payroll	Receipts
Private Passenger Driver Training		
Truck/Tractor Driver Training		
Bus Driver Training		
Driver Testing – Private Passenger		
Driver Testing – CDL		
Other (describe)		
Total		

Describe other payroll/receipts: _____

11. Payroll/receipts history:

Year	Payroll	Receipts
Last		
2nd prior		
3rd prior		
4th prior		
5th prior		

12. How many driver training vehicles are owned or operated by the school? _____
13. Are all driver training vehicles equipped with dual controls or brakes? Yes No
14. Are all instructional units clearly marked as student driven vehicles? Yes No
15. Is there any personal use of driver training vehicles? Yes No
16. Are student owned vehicles used for instructional purposes? Yes No

17. Instruction location breakdown:

Public Roads	Private Lot	Classroom	Other (describe)	Total
				100%

Describe other types of instruction: _____

18. Do you own any facilities used for classroom instruction? Yes No

If yes: Address: _____ Area (sq feet): _____

19. Do you own any dormitories or other student housing? Yes No

If yes: Address: _____
 Area (sq feet): _____ Number of beds: _____

20. Is your operation part of a school curriculum (e.g. high school, college, university)? Yes No

21. Loss details for the past three years (attach loss runs):

Date of Occurrence	Loss Description	Loss Amount (including reserves)

22. Has any prior insurance been cancelled or non-renewed? Yes No

If yes, explain: _____

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

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

 Applicant's Signature

 Date