

# Excess Auto Supplement

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



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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.**

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