



National Indemnity

group of insurance companies

Columbia Insurance Company
National Fire & Marine Insurance Company
National Liability & Fire Insurance Company
National Indemnity Company
National Indemnity Company of the South
National Indemnity Company of Mid-America

Public & Special Types Application

Review the application for accuracy. * denotes information that needs to be completed.

1. Policy Term 02/14/2018 - 02/14/2019
2. Named Insured ADAM JESTER
3. DBA LUCKY MAN LIMO SERVICE
4. Entity Type ☒ Individual ☐ Partnership ☐ Corporation ☐ Other _____
- * 5. Business Phone Number _____ Email Address _____
- * 6. Mailing Address 2615 ROLLING OAKS Website _____
7. City San Marcos State TX Zip 78666
- * 8. Premises Address same as above
- * 9. City _____ State _____ Zip _____
- * 10. ☐ Yes ☐ No Have you ever had insurance with one of the companies listed above?

Coverages - Bodily Injury (BI), Property Damage (PD)

| | |
|----------------------------|--|
| Liability | \$100,000 BI each person/\$300,000 BI each occurrence/\$100,000 PD each occurrence |
| Uninsured Motorist | \$100,000 BI each person/\$300,000 BI each occurrence/\$100,000 PD each occurrence |
| Underinsured Motorist | \$100,000 BI each person/\$300,000 BI each occurrence/\$100,000 PD each occurrence |
| Personal Injury Protection | Purchased |

Medical Payments NOT Purchased

Operations

- * 11. Business Description _____
- * 12. Vehicle Usage _____
- * 13. ☒ Yes ☐ No New Venture? Years experience _____
- * 14. ☐ Yes ☒ No Is this your primary business? If no, explain Side business
15. ☒ Yes ☐ No Is your business for hire/for profit?
- * 16. Gross receipts last year brand new business Estimate for coming year 45000
17. ☐ Yes ☒ No Do you operate in more than one state? If yes, list states _____
- * 18. What is the largest city entered? _____
- * 19. ☐ Yes ☒ No Is the transportation of people your primary business?
- * 20. ☐ Yes ☒ No Are vehicles leased to drivers?
- * 21. ☐ Yes ☒ No Do you transport physically disabled individuals? If yes, what percentage of the time? _____
- * 22. ☐ Yes ☒ No Are vehicles equipped with a fare box or meter? If yes, which vehicles? _____
- * 23. ☐ Yes ☒ No Do you have a scheduled route?
- * 24. ☐ Yes ☒ No Do you ever transport unscheduled passengers?

Ambulance and Medical Transportation

25. ☐ Yes ☒ No Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? If yes, which autos? _____
26. ☐ Yes ☒ No Are any autos operated 24 hours per day? If yes, which autos? _____
27. ☐ Yes ☒ No Are you the primary response unit for emergency (911) calls?
28. What percent of your ambulance dispatches are Emergency (Code 3 or 4)? _____
29. What percent of your ambulance dispatches are Non-Emergency (Code 1 or 2)? _____

Driver Training

30. ☐ Yes ☒ No Is operation part of a school curriculum?
31. ☐ Yes ☒ No Is class room instruction given?
32. ☐ Yes ☒ No Are autos equipped with dual controls? If no, which autos do not have dual controls? _____

Loss Experience

- * 33. ☐ Yes ☒ No Have you ever been declined, canceled or non-renewed for this kind of insurance? If yes, explain _____
- * 34. ☐ Yes ☒ No Have you previously had commercial auto insurance? If yes, name of prior insurance company _____
- * Number of accidents in the past 3 years _____
- * Include loss runs or provide details of losses _____

☒ NEW ☐ RENEWAL

☐ WITHDRAWAL

☐ ABANDONMENT

Original Date: 01/29/18

Doc. No.: _____

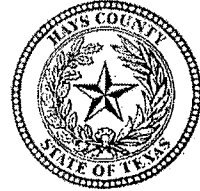
HAYS COUNTY CLERK

LIZ Q. GONZALEZ

712 S. STAGECOACH TRAIL, STE. 2008

SAN MARCOS, TX 78666

PHONE: (512) 393-7738



ASSUMED NAME (DBA) CERTIFICATE FOR
UNINCORPORATED/INCORPORATED BUSINESS

NOTICE: "Assumed Names/DBA" are valid only for a period not to exceed 10 years from the date filed in the County Clerk's Office.

TIME PERIOD BUSINESS NAME WILL BE USED 10 YEAR(S)

The county clerk is not responsible for verifying the accuracy of the information contained in a "assumed name/dba" certificate. This certificate properly executed is to be filed with the county clerk.

BUSINESS NAME: Lucky Man Limo Service

BUSINESS ADDRESS: 2615 Rolling Oaks San Marcos, TX 78666

MAILING ADDRESS: SAA

BUSINESS/OWNER'S PHONE NUMBER: (512) 757-3727

BUSINESS IS TO BE CONDUCTED AS (CHECK ONLY ONE):

☒ UNINCORPORATED (Sole Proprietorship, General Partnership, Joint Venture, Estate, Real Estate Investment Trust) ☐ INCORPORATED (Corporation, Limited Partnership) ☐ OTHER: _____

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner(s) of the above business and my/our name(s) and physical address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below.

NAMES OF OWNER(S)

Adam Jester Printed Name or Corporation Name [Signature] Signature

2615 Rolling Oaks Residence Address San Marcos, TX City 78666 State TX Zip

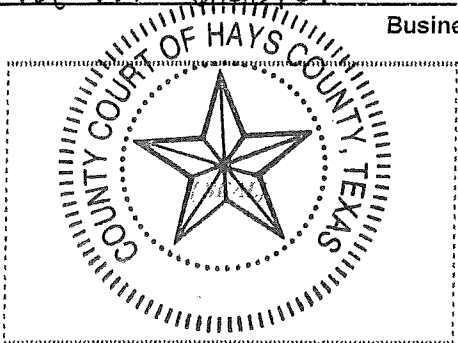
Printed Name or Corporation Name _____ Signature _____

If Corporation, Print Name and Title _____

Residence Address _____ City _____ State _____ Zip _____

This instrument was acknowledged before me on this 29 day of January, 20 18
by Adam Jester

Business Owner Name(s) Must Appear Here



[Signature]
NOTARY PUBLIC, STATE OF TEXAS

"OR"
[Signature]
HAYS COUNTY CLERK, DEPUTY

A person conducting business or rendering a professional service in this state under an assumed name who intentionally violates a provision of Chapter 71 of the Business and Commerce Code commits a Class A misdemeanor criminal offense.