

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

# FILING REQUEST FORM

PLEASE COMPLETE FORM TO PREVENT DELAYS IN  
ISSUING FILINGS. ANSWERS TO ALL QUESTIONS ARE  
NECESSARY BEFORE A FILING CAN BE ISSUED  
(INCLUDING RENEWALS)

**FAX TO: (402) 536-3018**

Agency \_\_\_\_\_ Location of Agency \_\_\_\_\_

Agent rep requesting filing \_\_\_\_\_ Extension \_\_\_\_\_

1. Policy Number: \_\_\_\_\_ Renewal  Yes  No If yes, expiring Policy Number \_\_\_\_\_

2. Policy Term: From \_\_\_\_\_ to \_\_\_\_\_ (time bound if other than 12:01 A.M.)  
(If coverage effective other than 12:01 A.M., filing to be effective at 12:01 A.M. the following day.)

3. Has policy been issued?  Yes  No If yes, has policy been forwarded to Home Office?  Yes  No

4. Named Insured and address as on policy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insured contact for inspection (name & phone #) \_\_\_\_\_

5. Limit of Liability on policy \$ \_\_\_\_\_ BI/PD \$ \_\_\_\_\_ Cargo (if applicable) \_\_\_\_\_  
Do policy limits meet filing requirements?  Yes  No If no, is endorsement being issued to increase?  Yes  No

6. Does excess insurance apply?  Yes  No  
If yes, Limit: \$ \_\_\_\_\_ Insurance Carrier \_\_\_\_\_  
Effective date \_\_\_\_\_ Expiration Date \_\_\_\_\_

7. Type of commodities hauled: \_\_\_\_\_

8. Any radius limitation on policy?  Yes  No If yes, show radius \_\_\_\_\_  
If FHWA (ICC) required and radius limitation under 200, explain: \_\_\_\_\_

9. Does our policy cover all units owned, operated, or under lease to insured?  Yes  No

10. Type of Operation:  Truckman  Public Auto  Private  Other \_\_\_\_\_

Complete the following – required for New, Renewal, Mid-term, and Additional Filing Requests:

FILING INFO NEEDED TO ISSUE FILING	
Is this a new application for authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Filing: _____ (Filing Form #)
Date filings to be effective: <input type="checkbox"/> Effective date of policy <input type="checkbox"/> Other _____	
Name and address to be shown on filing: (Must be exactly as shown on commission's application acceptance notice or most current operating authority.)	
<input type="checkbox"/> Same as on policy <input type="checkbox"/> Same as expiring <input type="checkbox"/> Other _____	
(Need street address) _____	
<input type="checkbox"/> Property Carrier GVW _____	<input type="checkbox"/> Passenger Carrier # of passenger capacity _____
<input type="checkbox"/> Interstate Carrier ICC Docket # _____	<input type="checkbox"/> Liability <input type="checkbox"/> Cargo
Base state where registered _____	
<input type="checkbox"/> Intrastate Carrier State(s) _____	<input type="checkbox"/> Liability <input type="checkbox"/> Cargo
<input type="checkbox"/> Canadian Province – show province(s) _____	
<input type="checkbox"/> Oversize/Overweight – show state(s) _____	
Unit description(s) _____	
Serial #(s) _____	

FOR HOME OFFICE USE ONLY		
Filing processed by: _____	Date handled: _____	Checked by: _____