



SUPPLEMENTAL APPLICATION FOR: HIRED AND NON-OWNED AUTOMOBILE COVERAGE

Answer all questions. If not applicable, indicate N/A.

SECTION I - GENERAL INFORMATION

Applicant Name: _____

FEIN: _____

Do you have any owned autos? Yes No

SECTION II - HIRED AUTO (Check if Not Applicable)

1. Do you lease, hire, rent or borrow any vehicles from others? Yes No

2. Describe Hired Autos' usage (include who is using hired autos, how they are being used, how often you hire autos and the approximate mileage driven for each): _____

3. How many autos are hired per year? _____

4. How many hired autos are in the applicant's possession at any one time? _____

5. Does the applicant lease, hire or rent any auto other than a passenger type auto? _____

6. Will your employees, subcontractors or owner/operators lease vehicles in your name? _____

a. If yes, please explain: _____

7. What is the average term of the lease (days)? _____

SECTION III - NON-OWNED AUTO COVERAGE (Check if Not Applicable)

1. Why is non-ownership liability being requested? _____

2. What types of non-owned autos will be used in your business? (Check all that apply)

Truck-Tractors Trailers Pick-Up Trucks or Vans Private Passenger Cars

Heavy & Extra Heavy Trucks Other: _____

3. How will the non-owned autos be used? _____

4. Are the non-owned autos used: Daily Weekly Monthly

5. What is the estimated annual non-owned mileage? _____
6. What is the total number of non-owned autos used in the applicant's business? _____
7. Total number of Employees? _____
8. Total number of Officers and Partners? _____
9. Do any employees use their autos in your business? Yes No
- a. What liability limits do you require they carry? _____
- b. Do you require Evidence of Insurance? Yes No
10. Do you use non-owned autos other than those owned by employees? Yes No
- a. If yes, please describe: _____

11. Do you use volunteers? Yes No
- a. What liability limits do you require they carry? _____
- b. Do you require Evidence of Insurance? Yes No
12. Do you obtain motor vehicle records for all employees and volunteers? Yes No

The applicant agrees, represents, and warrants that the statements and information contained in the application for insurance, including all statements, information, and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted, or misstated. Any failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

SIGNATURE OF APPLICANT: _____

DATE: _____