



Hired/Non-Owned Auto Supplemental Application

First Named Insured: _____

Other Named Insureds: _____

Does any Named Insured own or lease (long-term) any autos? _____
If yes, are these vehicles covered under a separate standard Business Auto Policy? _____
If yes, carrier is _____ and Policy No. is _____ and the policy term is _____ to _____

In which states do you operate? _____

NON-OWNED AUTO

How many people do you employ? _____ How many volunteers do you have? _____

Do employees or volunteers use their own vehicles for company business? _____

If yes, please complete the following grid with the numbers of each type and the hours of daily usage that best describes the usage of their vehicles for company business.

	Less than 1 hour	> 1 hours to 2 hours	> 2 hours to 4 hours	> 4 hours or more
No. Employees	_____	_____	_____	_____
No. Volunteers	_____	_____	_____	_____
No. Under Age 21	_____	_____	_____	_____

Will non-owned autos be **other than** private passenger types (car, van, pick-up)? _____
If yes, describe type and use. _____

Do employees or volunteers transport passengers as part of your business? _____
Other employees? _____ Other than employees? _____

Are employees and volunteers required to carry their own auto liability insurance? _____
If yes, what are the minimum liability limits required? _____
Is compliance monitored by the insured? _____

Do you require employees and volunteers to furnish you with proof of insurance before
you authorize them to use their auto on company business? _____

Do you obtain Motor Vehicle Records of employees and volunteers before you authorize
them to use their auto on company business? _____
How often are Motor Vehicle Reports ordered and reviewed? _____

Do employees or volunteers use their vehicles beyond a 75 mile radius? _____
If yes, describe purpose and frequency. _____

Do you currently have an employee on your payroll who has been excluded for coverage
under any auto policy issued to you? _____
If yes, give complete details (who, what, when, why) _____

HIRED AUTO

Do you hire autos (other than ICC common carrier) to transport persons or property? ____
How much do you expect to spend on hired autos in the next 12 months? _____
How much did you spend last year? _____ Two years ago? _____
Describe the purpose of the hired autos. _____

What is the typical length a time an auto is hired? _____
How many times per year will you hire an auto? _____
What type (passenger car, pick-up truck, passenger van, light truck, medium duty truck,
heavy truck tractor) of auto do you typically hire? _____

Do only your employees operate the hired autos? _____
If no, is lessor required to furnish proof of insurance? _____

What minimum limits of auto liability insurance are required? _____
Does the lessor name you as an additional insured on his insurance? _____

LOSS INFORMATION

Please provide a details and description of any claim or loss arising out of the operation of an auto you did not own during the past 5 years. Please include details such as date of loss, is the claim open or closed, the dollar amount paid to date and the current reserve amount. _____

OTHER COVERAGE DETAILS

Are any other parties required as an additional insured under this insurance? _____
If yes, name the parties, your relationship to such party, and the reason.

Will an ICC or state regulatory filing be required? _____
If yes, give details. _____

UNINSURED AND UNDERINSURED MOTORISTS SELECTION/REJECTION

Uninsured Motorists Coverage (UM) and Combined Uninsured/Underinsured Motorists Coverage (UM/UIM) and coverage options are available to me. I understand that:

1. The UIM and UM/UIM limits shown for the vehicles on this policy may not be added together to determine the total amount of coverage provided.
2. UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident are available.
3. UM property damage limits up to the highest policy property damage limit are available. Coverage to property damage is applicable only to damages caused by uninsured motor vehicles.
4. My selection or rejection of coverage below will apply to any renewal, reinstatement, substitute, amended, altered, modified, transfer or replacement

policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.

5. My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

(CHOOSE ONLY ONE OF THE FOLLOWING)

_____ I choose to reject Combined Uninsured/Underinsured Motorists Coverage and select Uninsured Motorists Coverage at limits of:

Bodily Injury _____ Property Damage _____

_____ I choose combined Uninsured/Underinsured Motorists Coverage at limits of :

Bodily Injury _____ Property Damage _____

_____ I choose to reject both Uninsured and Combined Uninsured/Underinsured Motorists Coverages.

Signature for First Named Insured

DECLARATION and SIGNATURE

I have read the above Application. I declare that to the best of my knowledge and belief the statements and information in this Application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this Application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature for First Named Insured
(May not be signed by producer)

Title

Date

Submitted by:

Producer

FOR NEW YORK AND OHIO APPLICANTS:

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF

**MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO,
COMMITTS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

