

Hired Auto & Non-Owned Auto Supplemental Questionnaire

- 1) Applicant Name: _____
- 2) Why is hired auto coverage being requested? _____
- 3) Number of autos to be scheduled on the policy: _____
- 4) Give description of operation: _____
- 5) Estimated cost of hired autos: This year: \$ _____ Last year: \$ _____
- 6) Is the Insured involved in any arrangements for the borrowing or bartering for the use of autos? Yes No
If yes, please describe: _____
- 7) Does any agent, independent contractor or employee lease autos in the Insured's name? Yes No
If yes, please describe: _____
- 8) Types of autos hired: _____
- 9) What is gross vehicle weight of commercial autos? _____
- 10) What is passenger capacity of public autos? _____
- 11) What is the average term of lease? _____
- 12) Are the same autos leased or does it vary? Same autos Varies
If the same, explain why the autos cannot be scheduled on the policy: _____
- 13) What percentage of the hired autos revenue is paid to owners on the policy? _____ %
- 14) Are drivers to be provided by the Insured to operate hired autos? Yes No
If no, will the drivers be required to provide Certificates of Insurance? Yes No
- 15) What are the minimum liability limits required by the lessee (Named Insured)? _____
- 16) Will the Insured be named as an Additional Insured on the lessor's policy? Yes No
- 17) Does the Insured lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the Insured's employees, partners or members of their household? Yes No
If yes, give details and how many: _____
- 18) Does the Insured own or control any subsidiary or is it affiliated with any other corporation? Yes No
If yes, are vehicles leased from the subsidiary or affiliate? _____
- 19) What is the business of the subsidiary or affiliate? _____
- 20) Does the Insured have an ICC Broker's Authority or provide a Brokerage Service? Yes No
- 21) Is the premium financed? Yes No
- 22) Why is non-owned liability coverage being requested? _____
- 23) What types of non-owned autos will be used in the Insured's business? _____
How will they be used? _____
- 24) Are all drivers required to have at least 5 years of acceptable driving experience? _____
- 25) Maximum distance which a non-owned auto may be driven from the Insured's premises: Miles: _____
- 26) Total number of non-owned autos used in the Insured's business: _____
- 27) Total number of employees: _____ Total number of company drivers: _____
- 28) How often are non-owned autos used in the Insured's business? Daily Weekly Monthly
Estimated number of hours per month: _____
- 29) Do your employees lease autos on Insured's behalf? Yes No
If yes, under whose name are autos leased? Employees Insured
- 30) Maximum distance which a non-owned auto may be driven from the Insured's premises: Miles: _____
- 31) Do you require employees to have their own insurance? Yes No
If yes, what are the minimum limits required? _____
What is passenger capacity of public autos? _____
- 32) Will you use non-owned autos other than those owned by your employees? Yes No
If yes, describe relationship: _____
- 33) Does the Insured understand that we intend to audit his records regarding the cost of hired and/or non-owned exposures? Yes No
- 34) Are current MVR's reviewed regularly for every employee with minimum standards in place? Yes No

**IF HIRED AUTO COVERAGE IS PROVIDED, IT IS SUBJECT TO AUDIT.
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FRAUD STATEMENT

Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty.

WARRANTIES

I hereby apply for a policy of insurance as set forth in the application and I warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

Signature of Applicant _____

Title: _____

Date: _____

I hereby warrant and certify that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency _____

Signature of Producing Agent _____

Date _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY