



HIRED AND NON-OWNED AUTO LIABILITY SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION:

NAME:	YRS IN BIZ:
MAILING ADDRESS:	
PROPOSED EFF DATE:	
FROM:	TO:
FORM OF BUSINESS:	
INDIVIDUAL PARTNERSHIP JOINT VENTURE CORPORATION OTHER	

GENERAL INFORMATION:

1. Number of autos owned by applicant: _____
2. Number of employees: _____
3. Number of autos leased or rented by applicant annually during course of conducting business: _____
 - a. Description/type of autos leased or rented: _____
 - b. Average term of lease (days): _____
 - c. Maximum distance (miles) in which leased/rented auto may be driven: _____
4. Number of employees of applicant who use own autos annually during course of conducting business on behalf of applicant: _____
 - a. Description/type of autos driven by employees: _____
 - b. Estimated annual mileage for use of all non-owned autos: _____
5. Please describe the types (vehicle make) of hired and non-owned autos used annually during the course of conducting business: _____
6. Does the applicant currently purchase or have an in-force Commercial Auto Policy?? YES NO
7. Does the applicant have any Hired or Non-Owned Auto exposures in the following States: **AZ, FL, IL, LA, NH, NV, VT, WV**?? YES NO
8. Does the applicant use non-owned, leased, hired, rented or borrowed autos to transport patients, clients or residents while performing business duties?? YES NO
9. Does the applicant warrant that employees carry at least the minimum compulsory personal auto liability limits required in the state where operations take place?? YES NO
10. Does the applicant require employees to provide Certificates of Insurance evidencing in-force personal auto liability limits at least equal to minimum state compulsory limits?? YES NO
11. Does the applicant review MVRs annually for all principals, employees and volunteers who drive hired and/or non-owned autos while conducting the applicant's business?? YES NO



HIRED AND NON-OWNED AUTO LIABILITY SUPPLEMENTAL APPLICATION

LOSS INFORMATION:

1. Has any claim arising out of the operation of a hired and/or non-owned automobile been made against the applicant within the past five (5) years for which this proposed insurance would apply?? YES NO

IF YES, please complete the following:

Date of Occurrence	Date Claim Made	DESCRIPTION OF LOSS	AMOUNT INCURRED	OPEN/CLOSED
--------------------	-----------------	---------------------	-----------------	-------------

2. Is the applicant or any principals and/or employees of the applicant aware of any situation, incident, fact or circumstance that may give rise to a hired and/or non-owned auto liability claim that would fall under this proposed insurance?? YES NO

IF YES, please provide description:

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

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

* Signing this application does not bind the applicant or the company to complete the insurance.