



HIRED AND NON-OWNED SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	WEBSITE:
TO:	
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	YEARS IN BUSINESS

GENERAL INFORMATION

1. Coverage Desired: Hired and Non Owned: Non Owned Only

2. Why is Hired and/or Non-Owned Auto Coverage being requested?

3. Are there any Hired or Non-Owned exposures in the states of Louisiana, Illinois, Arizona

Yes No

4. Number of employees, volunteers, executive officers and partners?

5. Has Applicant ever had any Hired or Non-Owned Auto losses? Yes No

6. Does Applicant have a commercial auto policy Yes No

7. Does Applicant own any autos? Yes No

8. Please describe all businesses and operations for which Applicant is engaged:

9. Is the Applicant involved in any of the following businesses?

<input type="checkbox"/>	Pizza Parlors	<input type="checkbox"/>	Fast Food Restaurants	<input type="checkbox"/>	Florist	<input type="checkbox"/>	Warehouses
<input type="checkbox"/>	Contracting Risk	<input type="checkbox"/>	Sales Professionals	<input type="checkbox"/>	Caterers	<input type="checkbox"/>	Churches/Religious Organizations
<input type="checkbox"/>	Medical Equipment Supply stores	<input type="checkbox"/>	Real Estate agents	<input type="checkbox"/>	Schools	<input type="checkbox"/>	Conducting /planning Special Events



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<input type="checkbox"/> Couriers, Express messengers	<input type="checkbox"/> Visiting nurses or home health aids	<input type="checkbox"/> Consultants	<input type="checkbox"/> Truckers and freight forwarders
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NON-OWNED AUTO

Not Applicable

1. Describe Non-Owned Autos usage (include who is using hired autos; how they are being used; and approximate mileage driven for each)?

NON-OWNED AUTO cont'd.

2. Do employees lease autos on the Applicant's behalf? Yes No

3. Does the Applicant require proof of insurance from employees? Yes No

4. Does the Applicant require employees to have their own insurance at a minimum of at least \$300,000 per person "bodily injury", \$300,000 per accident "bodily injury", \$100,000 per accident "property damage"; or \$300,000 "bodily injury" and "property damage" combined single limit? Yes No

5. Will the Applicant use Non Owned Autos other than those owned by employees? Yes No

6. Does Applicant have written guidelines of what is an acceptable driving record? Yes No

7. What type of Non-Owned autos will be used in the Applicant's business (e.g. private passenger, van, other than private passenger or van)?

8. How many times per week are Non Owned Autos used in the Applicant's business?

9. Total number of Non Owned Autos used in the Applicant's business?

10. What is the estimated annual mileage for use of all Non Owned Autos?

11. What is the maximum distance which a Non Owned Auto may be driven from the Applicant's premises? (radius of operation)



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HIRED AUTO

Not Applicable

1. Describe Hired Autos usage (include who is using hired autos; how they are being used; and approximate mileage driven for each)? _____

2. Number of Hired Autos per year? _____

3. Does the Applicant lease, hire, or rent any auto other than a passenger type auto? Yes No

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

5. Approximate maximum distance (in miles) in which a Hired Auto may be driven from the rental premise? _____

6. Does the Applicant own or control any subsidiary or is affiliated with any other Corporations for which HNOA Coverage is requested? Yes No

7. At any time will the Applicant subcontract their work? 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*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

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