

HIRED AND NON-OWNED AUTO COVERAGE SUPPLEMENTAL QUESTIONNAIRE

Applicant's Name:	Agency Name: Agency Location:
Mailing Address:	Agent Name:
Location Address:	Applicant's E-mail Address:
Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
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1.	APPLICANT INFORMATION	
	Does applicant own any commercial vehicles? If yes, number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of employees	
	Does the applicant own or control any subsidiary or is it affiliated with any other corporation? If yes, what is the business of the subsidiary or affiliate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HIRED AUTO COVERAGE Complete if hired auto coverage is desired.	
Why is hired auto coverage being requested?	
Number of hired autos	
Types of autos hired: check all that apply What is the gross vehicle weight of commercial autos? What is the passenger capability of public autos?	<input type="checkbox"/> Cars <input type="checkbox"/> Trucks <input type="checkbox"/> Vans – Passenger <input type="checkbox"/> Vans Panel <input type="checkbox"/> Other, describe -
Describe how hired autos are used:	
What is the average term of lease?	
What is the maximum distance in which a hired auto may be driven from the premises?	
Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant's employees, partners or members of their household? If yes, give details and how many:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any agent, independent contractor, or employee lease autos in the applicant's name? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
At any time will applicant subcontract out work? Cost of subcontracted work: \$ What work is subcontracted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated cost of Hired Autos: This year Last year	\$ \$
Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos? If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of the hired autos' revenue is paid to owners of the autos?	%
Are drivers to be provided by the applicant to operate hired autos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the applicant be named as an additional insured on the lessor's policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have an ICC broker's authority or provide a brokerage service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HIRED AUTO LOSS HISTORY

Has applicant had any hired auto losses in the past?

Yes No

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.

Check if no losses in the last three years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	

NON-OWNED AUTO COVERAGE

Complete if non-owned auto coverage is desired

Why is non-ownership liability coverage being requested

Types of non-owned autos, check all that apply

- Cars Trucks
 Vans – Passenger
 Vans Panel
 Other, describe -

How will non-owned autos be used?

How often are non-owned autos used in the applicant's business?

- Daily
 Weekly
 Monthly

What is the estimated annual mileage for use of all non-owned autos?

What is the maximum distance which a non-owned auto may be driven from the applicant's premises?

Total number of non-owned autos used in the applicant's business:

Total Number of employees

Total number of officers and partners

If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation:

Do employees lease autos on the applicant's behalf?
If yes, under whose name are they leased?

Yes No

Does the applicant require employees and volunteers to have their own insurance?

Yes No

If yes, what are the minimum limits required?

Yes No

Does the applicant require evidence of insurance?

Will the applicant use non-owned autos other than those owned by employees?

Yes No

If yes, describe:

Does the applicant obtain motor vehicle records for all drivers?

Yes No

NON-OWNED AUTO LOSS HISTORY

Has applicant had any non-owned auto losses in the past?

Yes No

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.

Check if no losses in the last three years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties un-der state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT NAME AND TITLE:	
APPLICANT'S SIGNATURE	DATE:
PRODUCER'S SIGNATURE	DATE:
NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT:	
IMPORTANT NOTICE	
As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.	