



HIRED AND NON-OWNED AUTO SUPPLEMENTAL APPLICATION

Required documents, in addition to this application:

- Currently valued auto loss runs (five years)
- Subcontractor agreement showing subcontractors carry \$1MM auto coverage including HNOA. If subcontractors are used by this insured for any purpose, they must have their own auto liability coverage.

GENERAL INFORMATION

Legal name of Applicant:	
Mailing Address:	
Primary Location Address:	

Please provide the total number of the Applicant's:	Employees:		Volunteers:	
In what states does the Applicant operate?				
Does the Applicant have a commercial auto liability policy in place?	Yes	No		
If yes, please list the insurer(s):				
If yes, please provide the policy limits:				

OPERATIONS

1. Does the Applicant have any of the following business operations or services?		
Manufacturing Representatives	Yes	No
Sales Representative/Staff	Yes	No
Real Estate/Realtor	Yes	No
Event Planning	Yes	No
Rideshare/Taxi	Yes	No
Delivery	Yes	No
Catering	Yes	No
Trucking	Yes	No
Moving	Yes	No
Contracting or Construction	Yes	No
Consulting	Yes	No
Valet	Yes	No
Transportation of Passengers	Yes	No
Social Services	Yes	No
In-Home Healthcare Provider	Yes	No
Security/Patrol	Yes	No
Staffing	Yes	No
Courier	Yes	No
Fuel Brokerage	Yes	No
Waste Removal	Yes	No
Logging	Yes	No
Other Hauling	Yes	No

2. Does the Applicant's business include a delivery option?	Yes	No
3. Does the Applicant offer a shuttle service for customers?	Yes	No
If yes, is the shuttle service:	Contracted	Operated by Applicant
4. Does the Applicant ever transport people or goods?	Yes	No
If yes, please explain:		
5. What type of hired or non-owned autos will be used in the Applicant's business?		
6. Are any hired or non-owned autos used for any type of rideshare?	Yes	No
7. Does the Applicant permit employees under the age of twenty-five (25) to operate automobiles on the Applicant's behalf?	Yes	No
8. Are there any situations where the Applicant would be contractually (or otherwise) obligated for contingent liability?	Yes	No

HIRED AUTO

9. Provide the total number of autos leased or rented by the Applicant annually:			
10. Provide the description and type of autos leased or rented:			
Vehicle Type	# of rentals	Total Cost of Hire	Annual Mileage
Private Passenger Vehicles		\$	
Light Trucks (0-10,000 lbs GVW)		\$	
Medium Trucks (10,001-20,000 lbs GVW)		\$	
Heavy Trucks (20,001-45,000 lbs GVW)		\$	
Truck-Tractors (over 45,001 GVW)		\$	
11. Maximum distance (miles) in which any leased or rented auto may be driven:			
12. For rented autos, is rental auto insurance purchased from the rental company?		Yes	No

NON-OWNED AUTO

13. Do employees and/or volunteers use their personal autos while performing duties on the Applicant's behalf?	Yes	No
If yes, please provide the number of employees/volunteers using vehicles:		
Daily:	Weekly:	Monthly:
		Other:
14. Maximum distance (miles) in which any non-owned auto may be driven:		
15. Does the Applicant require employees and volunteers to provide evidence of personal auto insurance?	Yes	No
If yes, what are the minimum limits required?		
16. Does the Applicant review MVRs of employees and/or volunteers?	Yes	No
If yes, how often is this completed?		
17. Are written guidelines in place for acceptability of MVRs?	Yes	No
18. Explain any controls/procedures used by the Applicant to reduce exposure and/or liability regarding the use of employee or volunteer automobiles used on the Applicant's behalf:		



LOSS HISTORY

19. Has any claim arising out of the operation of a hired or non-owned auto been made against the applicant or any other person proposed for this insurance in the last five (5) years? If "Yes", please complete question 19. below	Yes	No
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20. Claim Details:			
Date of Loss	Description of Claim	Open or Closed	Amount Incurred
			\$
			\$
			\$
			\$
			\$

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY 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 commits a fraudulent insurance act, which is a crime.

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 denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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: WARNING: 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 PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature _____

(Must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____