

Hired and Non-Owned Auto
Supplemental Application



Instructions: All questions must be answered. This application must be signed and dated by an owner, officer, or partner. Please read carefully the statements at the end of this application.

Section I. Applicant Information

Name of Applicant: _____

Mailing Address: _____

Location Address: _____

Years in Business: _____

Description of Operations: _____

Type of Business:

Corporation Individual Joint Venture Partnership Government

Non-Profit Limited Partnership LLC Other: _____

Coverage Requested: Hired Auto Non-Owned Auto Hired & Non-Owned Auto

Limits of liability requested: \$500,000 \$1,000,000

Section II. Business Information

1. Total number of employees: _____

2. Total number of volunteers: _____

3. What states do you operate in? _____

4. Does the Applicant own any autos? Yes No

If yes, does the Applicant have a Commercial Auto Policy to cover owned autos? Yes No

5. Do you provide delivery services? Yes No

6. Do you provide shuttle services for customers? Yes No

If yes, is it: Valet Parking Chartered Operated by applicant

7. Does the applicant ever transport people or goods? Yes No

If yes, please explain: _____

8. Will any of your employees drive across state lines? Yes No

9. Do you require employees to carry and provide documentation for the minimum limits of personal auto liability coverage in the state where operations take place? Yes No

Section III. Driver safety qualifications

1. Do you require all principals, employees and volunteers to submit MVR documentation? Yes No

If YES, how often do you review MVRs? _____

2. Do you have a formal driver safety or training program? Yes No
If YES, how often do you retrain/verify qualifications? _____

Section IV. Hired Auto Information

1. Why is Applicant requesting hired auto coverage?

2. Does applicant anticipate leasing, hiring, or borrowing any vehicles for this policy term? If yes, please complete the following: Yes No
3. Are any vehicles leased with drivers? Yes No
4. Are any vehicles leased, hired, or borrowed for more than 30 days? Yes No
If yes, please explain: _____
5. Do you lease, hire, rent or borrow any vehicles from others? Yes No
6. Do you hire independent contractors?
If yes, do you require certificates of insurance? Yes No
7. What is your estimated cost to lease, hire, rent or borrow vehicles with drivers? \$ _____
8. What is your estimated cost to lease, hire, rent or borrow vehicles without drivers? \$ _____
9. How many autos do you hire, on average, within a 12-month period? _____
10. How many hired autos are in the Insured's possession at any one time? _____
11. At any time, will your employees, subcontractors, or owners/operators lease vehicles in your name? Yes No
If yes, please explain: _____

Section V. Non-Owned Auto Information

1. Why is Applicant requesting non-owned auto liability coverage?

2. How will the non-owned auto be used? _____
3. Will non-owned autos be anything other than private passenger types (car, van, pickup)? Yes No
If yes, please indicate type(s): _____
4. Total number of non-owned autos used: _____
5. Maximum distance that a Non-Owned Auto may be driven from the Applicant's Premises: _____
6. How often are non-owned autos used in your business?
 Daily Weekly Monthly Other: _____
7. Will you utilize non-owned autos other than those owned by your employees? Yes No
If yes, please describe relationship: _____
8. Do employees or volunteers transport passengers other than employees as part of your business? Yes No
9. Do employees/volunteers use their personal autos while performing duties on applicant's behalf? If yes, please provide details regarding use, frequency and Yes No

travel distance: _____

10. Do your employees lease autos on the Insured's behalf? Yes No

11. Does the Applicant:

a. Have a formal written policy on personal usage that addresses acceptable use of personal vehicles? Yes No

b. Require minimum personal auto liability limits for employees? Yes No
If yes, limit required: \$ _____

c. Require evidence of auto insurance from employees or volunteers using personal autos? (please check all that apply):

certificate of insurance copy of auto ID card copy of auto policy

12. Explain any controls/procedures that use by applicant to reduce exposure and/or liability in regards to the use of employee or volunteer automobiles used on applicant's behalf:

Section VI. Loss Information

1. Please provide a description of any claim or loss arising out of the operation of an auto you did not own during the past five(5) years.

Year: _____

Year: _____

Year: _____

Year: _____

Year: _____

Fraud Warning

General Fraud Warning: 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.

Applicant Notice to Applicants in:

Alabama	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.
Alaska	Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	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.
California	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.
Colorado	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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	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.
Florida	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.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claims 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.
Maine	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.

Maryland	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.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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.
New York	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.
Ohio	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 false or deceptive statement is guilty of insurance fraud.
Oklahoma	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.
Oregon	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
Pennsylvania	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 subjects such person to criminal and civil penalties.
Rhode Island	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.
Tennessee	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.
Texas	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia	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.
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.
West Virginia	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.

Representation and Warranty

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and 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 it has a continuing obligation 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 understand 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.

Name of Applicant:		
Signature of person authorized to execute on behalf of the Applicant:		Date:
Print name and title of person authorized on behalf of the Applicant:		
Agent/Broker Name:		