Hired & Non-Owned Auto
Supplemental Application

1. Applicant Name:

2. For what reasons are clients transported using non-owned automobiles?

3. Indicate the Limits of Liability requested:

    Per Occurrence / Aggregate:

    ☐ $ 100,000 / $ 100,000

    ☐ $ 250,000 / $ 250,000

    ☐ $ 500,00 / $ 500,000

    ☐ $ 1,000,000 / $ 1,000,000

    ☐ Other:

4. What is the total number of staff/officers who drive on the organizations behalf?

5. What types of vehicles will be driven on the organizations behalf?

6. How many locations does an employee drive to on the Applicant's behalf in a given day?

    ☐ One location   ☐ 3 – 5 locations

    ☐ More than 5 locations

    (a) what is the usual distance traveled?

7. How many clients does the Applicant transport weekly?

8. What evidence of auto insurance does your organization require from staff using their personal autos?

    ☐ Certificates of Insurance   ☐ Copy of Auto Policy

    ☐ Copy of Auto ID Card   ☐ None

    ☐ Other:

9. What minimum personal auto liability limits does the applicant require of employees using their personal vehicles for business purposes?

    ☐ Limits: ☐ Not Required

10. Does the applicant:
    (a) have a written policy that addresses acceptable business usage of personal vehicles?   Yes ☐ No ☐
    (b) check MVR's and disciplinary procedures for unacceptable MVR's?   Yes ☐ No ☐

11. Does applicant currently have Hired & Non-Owned Automobile coverage?   Yes ☐ No ☐

    If "yes", please complete the following:

    Insurance Company:

    Policy Period:

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Expiring Limits:	$ Each Claim	$ Aggregate
Expiring Deductible:	$	
Expiring Premium:	$	
Retroactive Date:		

12. Has any insurer declined, cancelled or nonrenewed any Hired or Non-Owned Auto Liability policy for any person(s) or entity(ies) proposed for this insurance?   Yes ☐ No ☐

If "yes", please provide additional details in the Additional Comments section below.

13. Has (have) any Hired or Non-Owned Auto Liability judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against any person(s) or entity(ies) proposed for this insurance?   Yes ☐ No ☐

If "yes", please provide additional details in the Additional Comments section below.

14. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any facts, circumstances or situations which might afford grounds for any Hired or Non-Owned Auto Liability claim?   Yes ☐ No ☐

Additional Comments

It is understood and agreed that with respect to all questions involving past claims history or known incidents,, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Name of applicant:	
Signature of person authorized to execute on behalf of the applicant:	
Name/title of person authorized to execute on behalf of the applicant:	
Date:	

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated. Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

A copy of this application should be retained for your record