



**HIRED AND NON-OWNED AUTOMOBILE SUPPLEMENTAL APPLICATION**

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant Name:** \_\_\_\_\_

**HIRED AUTO INFORMATION—Coverage Subject to Audit**

**1. Why is hired auto coverage being requested?** \_\_\_\_\_

**2. Do you lease, hire, rent or borrow any vehicles from others?** .....  Yes  No

What is the average term of the lease? \_\_\_\_\_

Is there a written agreement?.....  Yes  No

Does it include a Hold Harmless agreement and/or Additional Insured clause? .....  Yes  No

Provide a copy of the agreement.

**3. Do you hire independent contractors?**.....  Yes  No

If yes, do you require certificates of insurance?.....  Yes  No

Provide a copy of the contract.

**4. If owner/operators are leased, will they be scheduled on your policy?** .....  Yes  No

If yes, provide a copy of the agreement you use.

**5. Do you use sub-haulers?** .....  Yes  No

If yes, provide cost of hire ..... \$\_\_\_\_\_

Provide a copy of the contract.

**6. Do you lease, hire, rent, or borrow any vehicles from others without drivers?**.....  Yes  No

Will they be scheduled on the policy?.....  Yes  No

What is the average term of the lease? \_\_\_\_\_

**7. What is your cost to lease, hire, rent or borrow vehicles?**

With drivers: ..... Without drivers:.....

Estimated cost of hired autos:

This year:..... Last year:.....

**8. Is Hired Auto Physical Damage coverage desired?**.....  Yes  No

If yes, average value of auto hired? \_\_\_\_\_

**9. How many autos are hired on average within a twelve (12) month period?** \_\_\_\_\_

**10. How many hired autos are in the insured’s possession at any one time?** \_\_\_\_\_

**11. What type of vehicles do you lease, hire, rent or borrow?** Truck-Tractors: \_\_\_\_\_% Trailers: \_\_\_\_\_%

Heavy & Extra Trucks: \_\_\_\_\_% Pickup trucks or Vans: \_\_\_\_\_% Private Passenger Cars: \_\_\_\_\_%

**12. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name?**.....  Yes  No

If yes, explain: \_\_\_\_\_

13. Do you arrange or dispatch loads for others, not including your own hired truckers?.....  Yes  No  
Please explain: \_\_\_\_\_  
Are you named on the Bills of Lading? .....  Yes  No  
Annual number of Truckers: \_\_\_\_\_ Loads: \_\_\_\_\_

14. Do you have motor carrier brokerage authority? .....  Yes  No  
If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? .....  Yes  No  
What is your motor carrier brokerage number? \_\_\_\_\_  
Whose name appears on the Bill of Lading as the carrier? \_\_\_\_\_  
What is your brokerage revenue for the most recent twelve (12) months? \_\_\_\_\_  
Estimated next twelve (12) months? \_\_\_\_\_

15. Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium?.....  Yes  No

**NON-OWNED AUTO INFORMATION—Coverage Subject to Audit**

16. Why is non-ownership liability coverage being requested? \_\_\_\_\_

17. What types of non-owned autos will be used in your business? \_\_\_\_\_  
Total number of non-owned autos used: .....  
How will they be used? \_\_\_\_\_

18. How often are non-owned autos used in your business?  
 Daily  Weekly  Monthly  Other: \_\_\_\_\_  
Estimate the number of hours per month: \_\_\_\_\_  
Estimated annual mileage for use of all non-owned autos: \_\_\_\_\_

19. Do any employees use their autos in your business?.....  Yes  No  
If yes, what limit of liability insurance are they required to maintain? \_\_\_\_\_  
Do you require evidence of insurance? .....  Yes  No

20. Will you use non-owned autos other than those owned by employees?.....  Yes  No  
If yes, describe the relationship: \_\_\_\_\_

21. Total number of employees: \_\_\_\_\_ Total number of officers and partners: \_\_\_\_\_

22. If a social service operation, indicate the total number of volunteers furnishing autos in your operation:.....  
Maximum number of volunteers at any one time: .....  
How will they use their vehicles? \_\_\_\_\_

23. Are volunteers required to have their own insurance?.....  Yes  No  
Minimum limits required: \_\_\_\_\_

24. Do you obtain motor vehicle records for all employees and volunteers? .....  Yes  No

25. Do you understand that we may audit your records for Non-Owned auto exposure, which might result in an additional premium?.....  Yes  No



**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 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.)

**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 under 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Note to General Agent: If hired auto coverage is provided, notify the Premium Finance Company of the audit required.