



SUPPLEMENTAL APPLICATION FOR HIRED & NON-OWNED AUTO

POLICY #: _____ INSURED: _____

Please complete if hired auto exposure is present:

- 1. The estimated cost of hired autos is \$_____. Do you barter or borrow for the use of autos? Yes No
- 2. Do any of your agents, independent contractors or employees lease autos in your name? Yes No
If yes, please explain: _____
- 3. What types of autos are hired? _____
- 4. What is the gross vehicle weight of the hired commercial autos? _____
- 5. What percentage of the hired autos' revenue is paid to the hired auto owners? _____%
- 6. Do you provide drivers to operate hired autos? Yes No
If not, will the hired auto drivers be required to provide a Certificate of Insurance? Yes No
- 7. Is there a written lease agreement? If so, please attach a copy. Yes No
- 8. Will you be named as an additional insured on the lessor's policy? Yes No
- 9. Do you lease, hire, rent or borrow any auto (not including private passenger autos) that are owned or leased by your employees, partners or members of their household? Yes No
- 10. Do you own or control any subsidiary or are you affiliated with any other corporation? Yes No
- 11. Do you have an ICC broker's authority to provide a brokerage service? Yes No
- 12. Are ICC or state regulatory filings required? Yes No
- 13. Do you understand that we intend to audit your records regarding the cost of hire? Yes No

Please complete if non-owned auto exposure is present:

- 1. What types of non-owned autos will be used in your business? _____
- 2. How will these autos be used? _____
- 3. What is the total number of non-owned autos that will be used in your business? _____
- 4. What is the average number of employees that you employ at any given time? _____
- 5. **Please attach a list of names and drivers license numbers for all employees with non-owned auto exposure.**
- 6. How often are non-owned autos used in your business? Daily _____ Weekly _____ Monthly _____
- 7. Do your employees lease autos on your behalf? Yes No
If yes, under whose name are the autos lease? Employee? _____ Insured? _____
- 8. Do you reimburse employees for mileage or fuel? Yes No
- 9. Do you otherwise pay employees a car allowance? Yes No
- 10. Do you require your employees to have their own insurance? Yes No
If yes, what are the minimum required limits? _____
Do you require proof of insurance? Yes No
- 11. Will you use non-owned autos other than those owned by your employees? Yes No
If yes, please describe the relationship: _____
- 12. If your operations include deliveries (i.e. fast food, couriers, driveway contractors), what are the number of deliveries per employee, per day? _____ What are the gross receipts from delivery operations? \$ _____
What is the maximum number of employees using non-owned autos per day? _____
- 13. If your business is a social service operation, please indicate the average number of volunteers that furnish autos in your operation: _____. What is the maximum number of volunteers you have at any one time? _____