



## Hired and Non-Owned Liability Supplemental Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Inspection Contact \_\_\_\_\_

Phone Number for Inspection Contact \_\_\_\_\_

### HIRED AUTO COVERAGE:

**COMPLETE IF HIRED COVERAGE IS DESIRED**

1. Why is hired auto coverage being requested?

\_\_\_\_\_

2. Estimated number of hired autos annually? .....

3. Provide a description of the types of hired autos to be covered:

\_\_\_\_\_

4. How are the hired autos used?

\_\_\_\_\_

5. What is the maximum distance a hired auto is driven for business purposes? .....

6. What is the average term of the lease? .....

7. At any time, will you subcontract work to others as part of your business operations? .....  Yes  No  
If yes, provide a detailed description of the type of work subcontracted

\_\_\_\_\_

8. Provide total COST paid to subcontractors .....

9. Is there a written contract agreement? .....  Yes  No  
If yes, attach a copy.

10. Do you require all subcontractors to provide a certificate of insurance for automobile liability? ..  Yes  No

11. Do you lease, hire, rent or borrow any auto, other than a private passenger type .....  Yes  No  
that is owned or leased by the your employees, volunteers, partners or members  
of their household? If yes, give details and how many

\_\_\_\_\_

12. Do you own any commercial vehicles? .....  Yes  No  
If yes, list below:

Description of Vehicle	<u>Gross Vehicle Weight</u>
_____	_____
_____	_____
_____	_____

13. Are any autos used for transportation of public passengers? .....  Yes  No  
If yes provide details below.
14. Does any agent, independent contractor, or employee lease autos in your name? .....  Yes  No  
If yes explain below.
15. Are you involved in any arrangements for the borrowing or bartering for the use of any auto? ...  Yes  No  
If yes provide details below.
16. What percentage of the hired auto revenue do you pay to the owners of the autos? .....
17. Do you provide drivers to operate hired autos? .....  Yes  No  
If no, will the drivers be required to provide certificates of insurance? .....  Yes  No
18. What are the minimum liability limits required by the lessee? \_\_\_\_\_
19. Will you be named as an additional insured on the lessors policy? .....  Yes  No
20. Do you own or control any subsidiary, or are you affiliated with any other entity? .....  Yes  No  
If yes, provide complete details below.
21. Are any vehicles leased from the subsidiary or affiliate? .....  Yes  No
22. Do you have an ICC brokers authority or provide a brokerage service? .....  Yes  No  
If yes, provide complete details below.
23. Have you had any hired auto losses in the past? .....  Yes  No

**NON OWNED AUTO COVERAGE:**

COMPLETE IF **NON-OWNED COVERAGE IS DESIRED**

1. Why is non-ownership liability coverage being requested?  
\_\_\_\_\_
2. What types of non-owned vehicles will be used in your business?  
\_\_\_\_\_
3. How will they be used?  
\_\_\_\_\_
4. How often are non-owned autos used in your business? .....  Daily  Weekly  Monthly
5. What is the estimated number of hours per month? .....
6. What is the estimated annual mileage for use of all non-owned autos? .....
7. What is the maximum distance a non-owned auto may be used for business purposes? .....
8. What is the total number of non-owned autos available for use by your business? .....
9. Total number of employees? .....
10. Total number of officers and partners? .....
11. If you are a social service operation, indicate the total number of volunteers furnishing .....  
autos in the course of your operation.
12. Do you require employees and volunteers to have their own insurance? .....  Yes  No  
If yes, what are the minimum limits required? \_\_\_\_\_
13. What is the maximum number of volunteers providing service at any one time? .....
14. Do your employees lease autos on your behalf? .....  Yes  No  
If yes, under whose name are autos leased? \_\_\_\_\_

15. Do you require evidence of insurance? .....  Yes  No  
If no, provide complete details below.
16. Do you obtain motor vehicle records for all drivers? .....  Yes  No
17. Will you use non-owned autos, other than those owned by employees for business purposes?..  Yes  No  
If yes, describe under what circumstances below.
- 
18. Have you or your any of your employees ever had any non-owned auto losses in the past? .....  Yes  No
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**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** 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.

**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.

**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 of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** 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.

**Maine, Tennessee, Virginia, 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 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 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.

**New Jersey:** 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.

**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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date