



HIRED AUTO AND NON-OWNED AUTO COVERAGES ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION:

APPLICANT NAME:			
BUSINESS NAME:			
INSPECTION CONTACT:		PHONE:	
MAILING ADDRESS:			
INSURED ADDRESS:	<input type="checkbox"/> Same as above		
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> For Profit <input type="checkbox"/> Joint Venture			
<input type="checkbox"/> Other: _____			

Number of owned autos _____. Are we to provide coverage on owned autos? No Yes

Hired Auto Coverage

1. Estimated cost of hired autos: _____.
 Do you barter or borrow for the use of autos? No Yes
 If yes, explain: _____
2. Do any of your agents, independent contractors, or employees lease autos in your name?
 Yes No
 If yes, explain: _____
3. Types of autos hired: _____
 What is gross vehicle weight of commercial autos? _____
 What is passenger capacity of public autos? _____
4. What are the average terms of the lease? _____
5. Are the same autos leased or does it vary? _____ Same Autos _____ Varies
 If the same, explain why the autos cannot be scheduled on the policy _____
6. What percentage of the hired auto revenue is paid to owners of the hired autos? _____%
7. Do you provide drivers to operate hired autos? No Yes
 If no, will the drivers be required to provide a Certificate of Insurance? No Yes
 What are the *minimum* liability limits required by the lessee (you)? _____
8. Is there a written lease agreement? If yes, attach a copy No Yes
9. Will you be named as an additional insured on the lessor's policy? No Yes

- 10. Do you lease, hire, rent or borrow an auto (other than a private passenger type auto) owned or leased by your employees, partners, or members of their household? No Yes
If yes, give details and how many: _____

- 11. Do you own or control any subsidiary or affiliated with any other corporation? No Yes
If yes, what is the business or affiliate? _____
- 12. Do you have an ICC broker's authority or provide a brokerage service? No Yes
- 13. Are ICC or state regulatory filings required? No Yes
- 14. Do you understand that we intend to audit your records regarding the cost of hire? No Yes
- 15. Is the premium financed? No Yes

COMPLETE IF NON-OWNED AUTO COVERAGE IS DESIRED

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

- 17. What types on non-owned autos will be used in your business? _____

- 18. How will they be used? _____

- 19. What is the maximum distance which a non-owned auto may be driven from your premises?
_____ miles
- 20. Total number of non-owned autos used in your business _____.
- 21. Total number of employees? _____
- 22. How often are non-owned autos used in your business?
Daily _____ Weekly _____ Monthly _____
Estimate number of hours used:
Daily _____ Weekly _____ Monthly _____
- 23. Do your employees lease autos on your behalf? No Yes
- 24. What is the estimated annual mileage for use on all non-owned autos? _____ miles.
- 25. Do you require employees to have their own insurance? No Yes
If yes, what are the minimum limits required? _____
Do you require evidence of insurance? No Yes
- 26. Will you use non-owned autos other than those owned by your employees? No Yes
If yes, describe relationship: _____
- 27. If your operations include delivery (i.e. fast food couriers, newspapers, driveway contractors) what are the number of:

Deliveries per employee per day _____.
Gross receipts from delivery operations _____.
Maximum number of employees per day using non-owned autos _____.

28. If a Social Service operation:

Indicate total number of volunteers furnishing autos in your operation _____.
Maximum number of volunteers at any one time _____.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant's Signature: _____ Date: _____