

**SUPPLEMENTAL QUESTIONNAIRE FOR POLICIES REQUIRING  
HIRED AUTO AND NON-OWNED AUTO COVERAGES**

**This Supplement is a part of the Application and will be relied upon  
by the Company as an integral part of the Application.**

**COMPLETE IF HIRED AUTO COVERAGE IS DESIRED**

1. Number of autos (as defined in the policy) to be scheduled on the policy: \_\_\_\_\_
2. Gross receipts: Past Year \$ \_\_\_\_\_  
Estimate for Coming Year \$ \_\_\_\_\_
3. Type of operation (give description of operation): \_\_\_\_\_  
\_\_\_\_\_
4. Type of policy:     Commercial Auto     Trucker     Public
5. Estimated cost of hired autos: \$ \_\_\_\_\_. Is the insured involved in any ar-  
rangements for the borrowing or bartering for the use of autos? \_\_\_\_\_  Yes     No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. Does any agent, independent contractor, or employee lease autos in the Insured's name?  Yes     No  
If yes, explain: \_\_\_\_\_
7. Types of autos hired: \_\_\_\_\_  
What is gross vehicle weight of commercial autos? \_\_\_\_\_  
What is passenger capacity of public autos? \_\_\_\_\_
8. What is the average term of lease? \_\_\_\_\_
9. Are the same autos leased or does it vary?     Same Autos     Varies
10. If the same, explain why the autos cannot be scheduled on the policy. \_\_\_\_\_  
\_\_\_\_\_
11. What percentage of the hired autos' revenue is paid to owners of the hired autos?  
\_\_\_\_\_ %
12. Are drivers to be provided by the insured to operate hired autos? \_\_\_\_\_  Yes     No  
If no, will the drivers be required to provide Certificates of Insurance? \_\_\_\_\_  Yes     No  
What are the minimum liability limits required by the lessee (named insured)? \_\_\_\_\_  
\_\_\_\_\_
13. Will the insured be named as an additional insured on the lessor's policy? \_\_\_\_\_  Yes     No
14. Does the insured lease, hire, rent or borrow any auto, other than a private passenger type  
auto, owned or leased by the insured's employees, partners or members of their household?  Yes     No  
If yes, give details and how many. \_\_\_\_\_  
\_\_\_\_\_
15. Does the insured own or control any subsidiary or is it affiliated with any other corporation?  Yes     No  
If yes, are vehicles leased from that subsidiary or affiliate? \_\_\_\_\_  Yes     No
16. What is the business of the subsidiary or affiliate? \_\_\_\_\_  
\_\_\_\_\_
17. Does the insured have an ICC broker's authority or provide a brokerage service? \_\_\_\_\_  Yes     No
18. Are ICC or state regulatory filings required? \_\_\_\_\_  Yes     No
19. Does the insured understand that we intend to audit his records regarding the cost of hire?  Yes     No
20. Is the premium financed? \_\_\_\_\_  Yes     No

**(NOTE TO GENERAL AGENT: If hired auto coverage is provided, notify the Premium  
Finance Company of the audit requirement.)**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_