

APPLICANT INFORMATION

Name: _____ Date: _____
Address: _____
City: _____ State: _____ ZIP: _____
Website URL: _____ Years in business: _____

SECTION 1. HIRED AUTO COVERAGE

Complete if hired auto coverage is desired.

1. Does applicant own any commercial vehicles? ☐ Yes ☐ No

Number of employees: _____

2. Why is hired auto coverage being requested?

3. Number of hired autos: _____

4. Types of autos hired: _____

How are they used? _____

What is gross vehicle weight of commercial autos? _____ What is passenger capability of public autos? _____

5. What is the average term of lease? _____

6. What is the maximum distance in which a hired auto may be driven from the premises? _____

7. Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant's employees, partners or members of their household? ☐ Yes ☐ No

If yes, give details and how many:

8. Does any agent, independent contractor, or employee lease autos in the applicant's name? ☐ Yes ☐ No

If yes, explain:

9. At any time will you subcontract work? ☐ Yes ☐ No

If yes, what work is subcontracted?

Cost to subcontract: \$ _____

10. Estimated cost of hired autos: This year: \$ _____ Last Year: \$ _____

Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos? ☐ Yes ☐ No

If yes, explain:

11. What percentage of the hired autos' revenue is paid to owners of the autos? _____ %

12. Are drivers to be provided by the applicant 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 (applicant)? \$ _____



13. Will the applicant be named as an additional insured on the lessor's policy? ☐ Yes ☐ No
14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation? ☐ Yes ☐ No
- If yes,** are vehicles leased from the subsidiary or affiliate? _____
15. What is the business of the subsidiary or affiliate? _____
16. Does the applicant have an ICC broker's authority or provide a brokerage service? ☐ Yes ☐ No
17. Has applicant had any hired auto losses in the past? ☐ Yes ☐ No

SECTION 2. NON-OWNED AUTO COVERAGE

1. Does applicant own any commercial vehicles? ☐ Yes ☐ No
2. Why is non-ownership liability coverage being requested?
3. What types of non-owned autos will be used in the applicant's business?

How will they be used?

4. How often are non-owned autos used in the applicant's business? ☐ Daily ☐ Weekly ☐ Monthly
Estimated number of hours per month: _____
5. What is the estimated annual mileage for use of all non-owned autos? _____ miles
6. What is the maximum distance which a non-owned auto may be driven from the applicant's premises? _____ miles
7. Total number of non-owned autos used in the applicant's business: _____
8. Total number of employees: _____
9. Total number of officers and partners: _____
10. If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation: _____
Maximum number of volunteers at any one time: _____
11. Do employees lease autos on the applicant's behalf? ☐ Yes ☐ No
If yes, under whose name are autos leased? ☐ Employees ☐ Applicant
12. Does the applicant require employees and volunteers to have their own insurance? ☐ Yes ☐ No
If yes, what are the minimum limits required? \$ _____
Does the applicant require evidence of insurance? ☐ Yes ☐ No
13. Will the applicant use non-owned autos other than those owned by employees ☐ Yes ☐ No
If yes, describe relationship: _____
14. Does the applicant obtain motor vehicle records for all drivers? ☐ Yes ☐ No
15. Has applicant had any non-owned auto losses in the past? ☐ Yes ☐ No

It is agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds the issuing carrier to effect insurance.

Authorized signature of named insured

Date