Innovation Growth Partners
igp Specialty

# Hired and Non-Owned Auto **Supplemental Application**

IGP Specialty | 14241 Dallas Parkway, Suite 850 | Dallas, Texas 75254

## HIRED AND NON-OWNED AUTO SUPPLEMENTAL APPLICATION FOR MISCELLANEOUS HEALTHCARE OPERATIONS

Submit this application with our Miscellaneous Healthcare General Liability and Professional Liability Application.

Each question must be fully answered. If not applicable, please enter "N/A."

### GENERAL INFORMATION

1. Name of Applicant: ______
   Address: ______
   City: ______ State: ______ County: ______ ZIP: ______
2. Number of owned automobiles: ______
3. Do you have automobile liability coverage for your owned autos? ☐ Yes ☐ No
4. Is non-owned automobile liability covered under the owned auto policy? ☐ Yes ☐ No
5. Why is hired and non-ownership liability coverage being requested?

### DESCRIPTION OF USE

#### Hired Automobile Coverage Section

1. Do any of your employees, agents , independent contractors or volunteers lease automobiles in your name? ☐ Yes ☐ No
   **If yes,** please explain:
2. Types of automobiles hired: ______
3. What is the maximum passenger capacity of hired automobiles? ______
4. Are any hired automobiles leased? ☐ Yes ☐ No
   What are the average terms of the lease? ______
5. Are the same automobiles leased or does it vary? ☐ Same automobiles ☐ Varies
   **If same,** explain why the automobiles cannot be scheduled on the policy:
6. Do you provide drivers to operate hired automobiles? ☐ Yes ☐ No
   **If no,** are the drivers required to provide a Certificate of Insurance? ☐ Yes ☐ No
   What are the ***minimum*** liability limits required by the leasee (you)? ______
7. Is there a written lease agreement? ☐ Yes ☐ No
   **If yes,** please attach a copy.
8. Will you be named as an additional insured on the leassor's policy? ☐ Yes ☐ No
9. Do you lease, hire, rent or borrow any auto(s) (other than private passenger type) owned or leased by your employees, partners or members of their households? ☐ Yes ☐ No
   **If yes,** provide details and how many:
10. Do you own or control any subsidiary or are you affiliated with any other corporation? ☐ Yes ☐ No
    **If yes**, what is the business or affiliate? ______

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**Non-Owned Automobile Coverage Section**

1. How many employees, independent contractors or volunteers drive their personal automobiles in connection with your business? ______
   How many of these are part-time? 15–45 hours per week: ______ Under 15 hours per week: ______
   How will they be used?

   If persons other than employees use their personal automobiles in connection with your business, please provide full description and number:

2. Do you require employees or others to provide transportation for patients/clients in their personal automobiles? ☐ Yes ☐ No
   **If yes,** under what circumstances and how often?

3. What is the maximum distance which a non-owned auto may be driven from your premises? ______
4. Total number of employees, independent contractors or volunteers: ______
5. Total number of non-owned autos used in your business: ______
6. Do your employees lease automobiles on your behalf? ☐ Yes ☐ No
7. What is the estimated annual mileage for use on all non-owned automobiles? ______
8. Do you require employees or contracted personnel to have their own insurance? ☐ Yes ☐ No
   **If yes,** what are the minimum limits required? ______
9. Do you require evidence of insurance? ☐ Yes ☐ No
10. Do you check MVRs annually? ☐ Yes ☐ No
11. Will you use non-owned automobiles other than those owned by your employees? ☐ Yes ☐ No
    **If yes,** describe relationship:

12. Do you have volunteers at your operation? ☐ Yes ☐ No
    **If yes,** indicate the total number of volunteers furnishing automobiles in your operation: ______
    Maximum number of volunteers at any one time: ______
13. Do you have current non owned coverage? ☐ Yes ☐ No
    **If yes,** who is the insurance carrier? ______
    What are the current limits of liability? ______

**CLAIMS HISTORY**

1. During the past five (5) years, have any claims for hired or non-owned automobile liability been presented to your current or prior insurance carrier(s) or to you? ☐ Yes ☐ No
2. Are you, or any other person for whom insurance is being requested, aware of any fact(s), incident(s), act(s), event(s), circumstance(s) or occurrence(s) that may result in a claim(s) being made against you? ☐ Yes ☐ No
   **If yes,** provide full details:

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**APPLICANT SIGNATURE PANEL**

THE APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY THE UNDERWRITERS OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERWRITERS TO OFFER, NOR THE APPLICANT TO ACCEPT, INSURANCE; BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND MADE A PART OF THE POLICY SHOULD A POLICY BE ISSUED.

**Notice applicable in most states:** 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

**I/We hereby declare that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.**

______________________________ ______________________________

Authorized signature Date

Typed or printed name: ______________________ Title: ______________________

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