

Non-Owned & Hired Auto Supplemental Application

Separate application required for each location

To be completed and returned with Commercial Auto ACORD application

I. General Information			
Named Insured		DBA	
Facility Address			
Website		Email	
Do you have a Business Auto Policy for owned autos? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, can coverage be obtained under your Business Auto Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:			
LIST OF DRIVERS- Please provide the following information for each driver who might drive for company business (ie: Errands or Travel)			
Name	Birth Date	Driver's License Number	State Licensed

Please attach separate sheet for additional drivers

II. Non-Owned Auto Liability Information	
Do employees or volunteers use their autos for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please provide details regarding duties involved
For any employee, who uses their auto for business, is personal auto insurance carried with <u>at least the minimum limits as required by state?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you verify that personal auto insurance is in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain motor vehicle reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If either of the above answers are "no", do you agree to do so going forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain what other controls you have in place to protect your company's liability?	
Number of Employees	Number of Volunteers

III. Hired Auto Liability Information				
During the last three years have you leased, borrowed or hired any vehicles for your business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you anticipate some usage this year:	What type of vehicle (trucks, cars, buses)?		What is the estimated cost to lease or hire the vehicles?	
When leasing, hiring or borrowing are the vehicles used to:	Transport participants, volunteers or staff only? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, how many?	For how long?	Number of times per year	Distance traveled per trip

III. Hired Auto Liability Information, cont.			
When leasing, hiring or borrowing are the vehicles used to:	Haul equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please explain and identify frequency and distance traveled per trip:		
If using buses or vans, please answer each of the following:	Maximum number of passengers each vehicle carries:		Distance traveled per trip
	How long the vehicles will be used	Year built	Cost new
Does the leasing company provide drivers or do you use your own?		Do you purchase liability insurance from the leasing company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
What is the estimated annual cost to hire/lease all vehicles?		Do you hire vehicles for more than or less than 30 days for any one time? <input type="checkbox"/> More <input type="checkbox"/> Less If more than 30 days, vehicles should be scheduled.	

IV. Hired Auto Physical Damage Information	
What types of vehicles have you leased or do you intend to lease (Make/Model/Size)?	
What is the highest valued vehicle you have leased or intend to lease (Type/Value)?	
Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the maximum number of vehicles leased at one time?
Please provide the garage location of the vehicles (city and state):	
Requested Comprehensive Deductible	Collision Deductible

LEASED VEHICLES - Please provide the following information for each vehicle.			
	Vehicle #1	Vehicle #2	Vehicle #3
Lease Term			
VIN#			
Year			
Make			
Model			
Cost New			
Garaging Location (City and State)			

Please attach separate sheet for additional vehicles

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Date