



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? Yes No

If yes, can coverage be obtained under your Business Auto Policy? Yes No

If no, please explain: _____

II. NON-OWNED AUTO LIABILITY INFORMATION

1. Do employees or volunteers routinely use their autos for company business? Yes No

If so, please provide details regarding duties involved: _____

2. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their auto? Yes No

3. Do you run motor vehicle reports on each employee? Yes No

4. Please explain what other controls you have in place to protect your company's liability? _____

5. Number of Employees _____ Number of Volunteers _____

III. HIRED AUTO LIABILITY INFORMATION

1. During the last three years have you leased, borrowed or hired any vehicles for your business? Yes No

2. 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? _____

3. When leasing, hiring or borrowing are the vehicles used to:

A. Transport participants, volunteers or staff only? Yes No

If yes, how many? _____ For how long? _____

Number of times per year: _____ Distance traveled per trip: _____

B. Haul equipment: Yes No

If yes, please explain and identify frequency and distance traveled per trip: _____

4. 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: _____

5. Does the leasing company provide drivers or do you use your own? _____

6. Do you purchase liability insurance from the leasing company? Yes No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds? Yes No

If yes, please explain: _____

8. What is the estimated annual cost to hire/lease all vehicles? _____

9. Do you hire vehicles for more than or less than 30 days for any one time? More Less

If more than 30 days, vehicles should be scheduled.

IV. HIRED AUTO PHYSICAL DAMAGE INFORMATION

1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? _____

2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? _____

3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? Yes No

4. What is the maximum number of vehicles leased at one time? _____

5. Please provide the garage location of the vehicles (city and state): _____

6. Requested Comprehensive Deductible? \$_____ Collision Deductible? \$_____

7.

LIST OF DRIVERS- Please provide the following information for each driver.

Name

Birth Date

Driver's License Number

State Licensed

LEASED VEHICLES - Please provide the following information for each vehicle.

If leased, what is the term of the lease? _____

VIN#

Year

Make

Model

Cost New

Garaging Location (City and State)

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.

Applicants Signature

Date