



HIRED AND NON-OWNED AUTOMOBILE SUPPLEMENTAL APPLICATION

Applicant's Name: _____
Street Address: _____
P.O. Mailing Address: _____
Phone Number: _____
Website: _____

PROPOSED EFFECTIVE DATE:
From _____ To _____

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

HIRED AUTO INFORMATION

1. Why is hired auto coverage being requested? _____
2. Do you haul for others? YES NO
If yes, indicate percentage and for whom: _____
3. Are any vehicles or equipment loaned, rented, or leased to others? YES NO
4. Do you lease, hire, rent or borrow any vehicles from others? YES NO
What is the average term of the lease? _____
Is there a written agreement? YES NO
If yes, provide a copy of the agreement.
5. Does your lease agreement contain a Hold Harmless clause? YES NO
6. Do you obtain a copy of the insurance form that list "named lessee as insured" from the truckers you hire? YES NO
7. Do you obtain certificates of insurance from the truckers you hire? YES NO
Certificates of insurance with limits of at least \$750,000 are required from your sub-haulers. If you do not have these on file when we audit, we will charge you for primary hired auto insurance.
Do you understand? YES NO
8. If owner/operators are leased for six (6) months or longer, will they be scheduled on your policy? YES NO
If yes, provide a copy of the agreement you use.
9. Do you lease, hire, rent, or borrow any vehicles from others without drivers? YES NO
Will they be scheduled on the policy? YES NO
What is the average term of the lease? _____
10. What is your cost to lease, hire, rent, or borrow vehicles? w/drivers: \$ _____ w/o drivers: \$ _____

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

11. **What type of vehicles do you lease, hire, rent or borrow?** Truck-Tractors: _____ % Trailers: _____ %
Heavy & Extra Trucks: _____ % Pickup Trucks or Vans: _____ % Private Passenger Cars: _____ %

12. **At any time will your employees, subcontractors, or owner/operators lease vehicles in your name?** YES NO
If yes, explain: _____

13. **How many years of experience does your management have in the truck/transportation business?**
Please provide an explanation of their experience: _____

14. **Do you arrange or dispatch loads for others, not including your own hired truckers?** YES NO
Please explain: _____
Are you named on the Bills of Lading? YES NO
Annual number of Truckers: _____ Load: _____

15. **Do you have brokerage authority?** YES NO
If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? YES NO
What is your brokerage motor carrier number? _____
Whose name appears on the bill of lading as the carrier? _____
What is your brokerage revenue for the most recent twelve (12) months? _____
Estimated next twelve (12) months? _____

16. **Are driver teams used?** YES NO

17. **Will more than one driver use a specific truck?** YES NO

NON-OWNED AUTO INFORMATION

18. **Why is non-ownership liability coverage being requested?** _____

19. **What types of non-owned autos will be used in your business?** _____
Total number of non-owned autos used: _____ How will they be used? _____

20. **How often are non-owned autos used in your business?** Daily Weekly Monthly Other _____
Estimate the number of hours per month: _____
Estimated annual mileage for use of all non-owned autos: _____

21. **Do any employees use their autos in your business?** YES NO
If yes, what limit of liability insurance are they required to maintain? _____
Do you require evidence of insurance? YES NO

22. **Do employees lease autos on your behalf?** YES NO
If yes, under whose name are the autos leased? Employees name Your name

23. **Will you use non-owned autos other than those owned by employees?** YES NO
If yes, describe the relationship: _____

24. **Total number of employees:** _____ **Total number of officers and partners:** _____

25. **If a social service operation, indicate the total number of volunteers furnishing autos in your operation:** _____
Maximum number of volunteers at any one time: _____
How will they use their vehicles? _____

26. Are volunteers required to have their own insurance? YES NO
Minimum limits required: _____

27. Do you obtain motor vehicle records for all drivers? YES NO

28. Do you understand that we may audit your records for Hired and Non-Owned auto exposure, which might result in an additional premium? YES NO

The purpose of the Supplemental Application is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned represents that the information contained herein is true and accurate to the best of its/his/her knowledge, information and belief. The Supplemental Application, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

APPLICANT'S SIGNATURE: _____
NAME & TITLE: _____ DATE _____
(Must be signed by an active owner, partner, or executive officer.)