Supplemental Application for Hired and Non-Owned Auto

Applicant's Name: _____
Mailing Address: _____
Applicant's Web Site Address: _____

1. Why is Hired and Non-Owned Auto Coverage being requested? _____
   _____
2. Any owned or long term Leased Commercial Autos? ☐ Yes ☐ No
   If yes, types of autos leased? _____
3. Number of Employees: _____
4. Number of Officers and Partners: _____
5. Number of Volunteers: _____
6. Any autos rented on a temporary basis? ☐ Yes ☐ No
   a) If yes, from whom? _____
   b) Types of autos you hire? _____
   c) Duration of use? _____
   d) Frequency? _____
   e) Is Insurance purchased from rental company? _____
7. Does Applicant require any employees to use their personal autos to conduct Applicant's business? ☐ Yes ☐ No
8. How often are non-owned autos used in Applicant's business? ☐ Daily ☐ Weekly ☐ Monthly
   Estimated number of hours per month: _____
   What is estimated annual mileage of non-owned autos? _____ Miles
   What is the maximum distance that a non-owned auto may be driven from your premises?
   _____ Miles
9. Total number of non-owned autos used in Applicant's business? _____
10. Does the Applicant require employees and volunteers to have their own auto insurance? ☐ Yes ☐ No
    If yes, what are the minimum limits required? _____
    Does the Applicant require evidence of Insurance? ☐ Yes ☐ No
    How often is this updated? _____
11. Any transportation of clients to or from your premises or to and from appointments? ☐ Yes ☐ No
12. Will you use Non-Owned autos other than those owned by your employees? ☐ Yes ☐ No

Applicant's Signature _____ Date _____