

701 Rte. 73 S., Bldg. #2, Suite 105,  
Marlton, NJ 08053  
(856) 797-9996  
(856) 797-9997



## Hired and non-owned automobile supplemental application

1. Indicate total annual number of:

Non-owned autos used:

Number of hired autos used:

2. If using buses or vans indicate the maximum capacity of the largest vehicle

3. Describe the typical usage of non-owned/hired vehicles:

4. Are patients transported in these vehicles?

Yes

No

If "yes" describe purpose of trips and frequency:

5. Do you require that all employees/volunteers/contractors carry automobile insurance?

Yes

No

If yes:

Do you require evidence of insurance?

Yes

No

What minimum limits do you require?

Yes

No

How frequently is this information updated?

Yes

No

6. Do you routinely run motor vehicle reports for all drivers?

Yes

No

7. Have you reported any claims/incidents under this coverage?

Yes

No

If "yes", please complete a Claim/Circumstance/Administrative Hearings Supplement for each incident.