

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.
