



# Hired and non-owned auto liability supplemental application

Please complete this application and answer all questions. An incomplete application cannot be processed. "If any" is not an acceptable response. Completion of this application neither binds coverage nor guarantees that a policy will be issued. This is a supplement to a completed ACORD application)

## General information

Name insured:
Mailing address
Years in business

## Business information

1. Number of employees:
2. What states do you operate in?

## Hired auto

1. Number of autos rented by applicant annually during course of conducting business:
2. Description/types of autos rented by applicant annually:

Vehicle type	# of rentals	total cost of hire	Annual mileage
Private Passenger Vehicles			
Light Trucks (0-10,000 lbs GVW)			
• Medium Trucks (10,001 – 20,000 lbs GVW)			

Heavy Trucks (20,001-45,000 lbs GVW)			
Truck-Tractors (over 45,000 GVW)			

3. Maximum distance (miles) in which leased/rented auto may be driven:

## Non-owned auto

1. Do employees, independent contractors, or volunteers use their own vehicles for company business?

Yes No

2. If yes, how many employees, independent contractors, and volunteers use their own autos annually during course of conducting business on behalf of applicant:

3. What are non-owned autos being used for?

4. What is the estimated annual mileage for all employees using their own vehicles?

5. If applicant answered yes to question 1 please complete table below:

Daily Use	Less than 25 miles	25 – 50 miles	50 – 100 Miles	100 miles or more
No. of employees				
No. Volunteers				
No. of Independent Contractors				

## Driver and safety qualifications

- Does the applicant require that employees or independent contractors carry and provide documentation of at least the minimum compulsory personal auto liability limits required in the state where operations take place?

Yes No

- How often do you review employees or independent contractors personal auto liability limits?

- Does the applicant review MVR's prior to hiring and annually for all principals, employees, independent contractors and volunteers who drive hired/and or non-owned autos while conducting the applicant's business? Yes No

- How often do you review MVRs after hire?

- Do you have a formal driver qualification, safety or training program? If "yes", provide copy Yes No

- Please indicate the following controls insured performs for all principals, employees, independent contractors and volunteers who drive on your behalf:

Written Application	Reference Check	Previous Employment Check
Driving Exam/Road Test	Driver Safety Meetings	
Drug Test Pre-Hire	Formal Training Program	Physical Exam
Safety Program	Formal Review of Accidents	Driver Incentive Program

## Loss information

Has any claim arising out of the operation of a hired and/or non-owned automobile been made against the applicant within the past five (5) years for which this proposed insurance would apply?

Yes      No

(We require 5 years of currently valued loss runs)

If yes, please complete the following for losses over \$25,000:

Date of Occurrence	Date Claim Made	Description of Loss	Amount Incurred	Open/Closed

## Authorization/signature

The Applicant Agrees to the Following Driver Criteria:

You have written confirmation that your “independent contractors” and “employees” have no more than 1 moving violation in the preceding 3 years of their application with you or no more than any single major violation during the same time period.

Major violations include the following:

- Driving with a revoked or suspended license
- Driving Under the Influence or Driving While Impaired
- Driving in possession of alcohol or drugs
- Refusing to submit to a breath, urine or blood test
- Reckless Driving
- Driving 30 MPH over the posted Speed Limit or participating in any racing contest
- Commission of a felony with a vehicle (e.g. Hit and run, vehicular manslaughter, vehicular assault, vehicular homicide, eluding a police officer).

The applicant agrees, represents and warrants that the statements and information contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted or misstated. Any failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in this application, including all statements, information and documents accompanying or relating to this application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

**Applicants signature**

**Title of applicant**

**Date**
