**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.*

**GENERAL INFORMATION**

Name of 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) |  |  |  |

1. 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?

1. What is the estimated annual mileage for all employees using their own vehicles?
2. 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  Driving Exam/Road Test  Drug Test Pre-Hire Formal  Safety Program | Reference Check  Driver Safety Meetings  Formal Training Program  Formal Review of Accidents | Previous Employment Check  Physical Exam  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.

Signature of applicant:

Title of applicant:

Date:

**FRAUD WARNING ACKNOWLEDGEMENTS/SIGNATURE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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