



350 10th Avenue, Suite 1450  
San Diego, CA 92101

# Hired and non-owned auto supplemental

To be completed in addition to the commercial auto application

## Hired auto information

Description of operations:

Gross receipts last year: Estimated for coming year

Type of policy: Commercial auto Trucking Public

Current year cost of hire: \$ Projected cost of hire \$

Do any of your agents, independent contractors or employees lease autos in your name? Yes No

If yes, explain

Does the Applicant utilize any owner/operators, independent contractors, or subcontractors? Yes No

If yes, how many? Are they under permanent lease to the applicant Yes No

Are they shown as scheduled vehicles on your application? Yes No

If no, is their cost of hire included in the projected cost of hire in question 4 above? Yes No

What type of autos do you lease, hire, rent or borrow?

Truck-tractors % Pickup trucks and vans %

Trailers % PPTs %

Heavy and extra heavy trucks % Public livery (9 passengers or less) %

Public livery (10 passengers or more) %

What is the average term of the lease?

Do you lease the same autos or does it vary? Same Varies

If you lease the autos 30 days or more, explain why they cannot be scheduled on the policy:

What percentage of the hired autos' revenue is paid to owners of the hired autos? %

Do you provide drivers for the hired autos?	Yes	No
Do you provide the insurance on hired autos?	Yes	No
If no, do you require a certificate of insurance & an Additional Insured endorsement?	Yes	No
If no, what are the minimum limits of insurance you require?		
Is Hired Auto Physical Damage coverage desired?	Yes	No
If yes, average value of auto hired?		
Does the Applicant own or control any subsidiary or is it affiliated with any other corporation?	Yes	No
If yes, please list name of the subsidiary or affiliate		
If yes, are vehicles leased or borrowed from those subsidiaries or affiliates?	Yes	No
Does the Applicant have motor carrier brokerage authority?	Yes	No
If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation?	Yes	No
What is your motor carrier brokerage number?		
Do you understand we may audit your records for Non-Owned auto exposure, which might result in an additional premium?	Yes	No
Why is non-ownership liability being requested?		
What types of non-owned autos will be used in your business?		
Total number of non-owned autos used:		
How will they be used?		
How often are non-owned autos used in your business?		
Daily      Weekly      Monthly      Other		
Estimate the number of hours per month:		
Estimated annual mileage for use of all non-owned autos:		
Do any employees use their autos in your business?	Yes	No
If yes, what limit of liability insurance are they required to maintain?		
Do you require evidence of insurance?	Yes	No
Will you use non-owned autos other than those owned by employees?	Yes	No
If yes, describe relationship:		
Total number of employees		Total number of officers and partners
If a social service operation, indicate total number of volunteers furnishing autos in your operation:		
Maximum number of volunteers at any one time:		
How will they use their vehicles?		
Are Volunteers required to have their own insurance?	Yes	No

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Do you understand we may audit your records for Non-Owned auto exposure, which might result in an additional premium?

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The completion of this application creates no express or implied obligation on the part of the company or its' manager to offer a quotation or provide insurance.

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

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

**Signature of insured**

**Date**

By signing this application, you are representing that you have reviewed this application with the insured and that the answers accurately reflect the insured's operations.

**Signature of producer**

**Date**