

Named Insured: \_\_\_\_\_

Do you have a Business Auto Policy for owned autos?  Yes  No

If yes, can coverage be obtained under your Business Auto Policy?  Yes  No

If no, please explain: \_\_\_\_\_

**Non-Ownership Liability**

Do employees or volunteers routinely use their autos for company business?  Yes  No

If so, please provide details regarding duties involved: \_\_\_\_\_

Do you verify that insurance is in place with limits equal to your limits before employees or volunteers can use their auto?  Yes  No

Please explain what other controls you have in place to protect your company's liability: \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

**Hired Auto Liability**

During the last three years have you leased, borrowed or hired any vehicles for your business?

Yes  No

If you anticipate some usage this year:

What type of vehicles (trucks, cars, buses)? \_\_\_\_\_

What is the estimated cost to lease or hire the vehicles? \_\_\_\_\_

When leasing, hiring or borrowing are the vehicles used to:

Transport participants, volunteers or staff only?  Yes  No

If yes, how many? \_\_\_\_\_ For how long? \_\_\_\_\_

Number of times per year: \_\_\_\_\_ Distance traveled per trip: \_\_\_\_\_

Haul equipment:  Yes  No

If yes, please explain and identify frequency and distance traveled per trip: \_\_\_\_\_

If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries: \_\_\_\_\_ Distance traveled per trip: \_\_\_\_\_

How long will the vehicles be used? \_\_\_\_\_ Year built: \_\_\_\_\_ Cost new: \_\_\_\_\_

Does the leasing company provide driver or do you use your own? \_\_\_\_\_

Do you purchase liability insurance from the leasing company?  Yes  No

Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds?  Yes  No If yes, please explain: \_\_\_\_\_

What is the estimated annual cost to hire / lease all vehicles? \_\_\_\_\_

Do you hire vehicles for more than or less than 30 days for any one time?  More  Less

If more than 30 days, vehicle should be scheduled.

Hired Auto Physical Damage

What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? \_\_\_\_\_

What is the highest valued vehicle you have leased or intend to lease (Type / Value) ? \_\_\_\_\_

Do driver share in the loss exposure (i.e. driver pays half of the deductible)?  Yes  No

What is the maximum number of vehicles lease at one time? \_\_\_\_\_

Please provide the garage location of the vehicles (city and state): \_\_\_\_\_

Requested Comprehensive Deductible? \$\_\_\_\_\_ Collision Deductible? \$\_\_\_\_\_

List of Drivers:

| Name  | DOB            | License Number | State |
|-------|----------------|----------------|-------|
| _____ | ____/____/____ | _____          | _____ |
| _____ | ____/____/____ | _____          | _____ |
| _____ | ____/____/____ | _____          | _____ |
| _____ | ____/____/____ | _____          | _____ |

Leased Vehicles:

If leased, what is the term of the lease? \_\_\_\_\_

| Year  | Make  | Model | VIN   | Cost New | City / ST Location |
|-------|-------|-------|-------|----------|--------------------|
| _____ | _____ | _____ | _____ | _____    | _____              |
| _____ | _____ | _____ | _____ | _____    | _____              |
| _____ | _____ | _____ | _____ | _____    | _____              |
| _____ | _____ | _____ | _____ | _____    | _____              |

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Applicant's Name Printed

\_\_\_\_\_  
Producer's Name Printed

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date