

**Hired / Non-Owned
Supplement**

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