

HIRED & NON-OWNED AUTO APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Address:

Location:

Proposed Effective Date:

Website:

From: To:

12:01 A.M. Standard Time at the address of the Applicant

DEFINITIONS

- ☒ **Hired Auto** means any auto you lease, hire, rent or borrow, but Hired Auto does not include any auto you lease, hire, rent or borrow from any of your employees, your partners or your executive officers, or members of their households.
- ☒ **Non-Owned Auto** means any auto you do not own, lease, hire, rent or borrow which is used in connection with your business, and includes autos owned by your employees, your partners or your executive officers, or members of their households, but only while used in your business or your personal affairs.
- ☒ Throughout this questionnaire, the word **'you'** refers to the Applicant shown above and all other persons and organizations applying for insurance under this questionnaire.

GENERAL INFORMATION

1. Do you own any auto that is used in your business? ☐ Yes ☐ No
2. Do you lease any auto that is used in your business under a lease contract/ agreement with a term over 30 days? ☐ Yes ☐ No
3. With respect to Hired Autos and Non-Owned Autos, please confirm the following Driver Safety Protocols are followed:
 - a. Obtain and verify valid drivers license on all drivers at least annually. ☐ Yes ☐ No
 - b. Obtain and verify Auto Liability insurance on all autos at least annually. ☐ Yes ☐ No
 - c. Obtain and review MVR's on all drivers at least annually. ☐ Yes ☐ No
 - d. Prohibit drivers from operating autos if:
 - i. Unlicensed or license is suspended or revoked. ☐ Yes ☐ No
 - ii. More than two moving violations and/or accidents during the most recent three year period. ☐ Yes ☐ No
 - iii. Any violations during the most recent three year period involving DUI/DWI, leaving the scene of an accident, fleeing or eluding police, vehicular manslaughter or homicide, assault through the use of a motor vehicle, or any other felony driving conviction. ☐ Yes ☐ No

4. Has any Hired Auto or Non-Owned Auto Liability claim or suit been made or brought against you in the past five years? ☐ Yes ☐ No
If yes, please provide details:
5. Are you aware of any incident or circumstance that could reasonably be expected to become a Hired Auto or Non-Owned Auto Liability claim or suit that has not been reported to an insurance company? ☐ Yes ☐ No
If yes, please provide details:

**COMPLETE THE FOLLOWING SECTION ONLY
IF HIRED AUTO COVERAGE IS DESIRED:**

1. Please indicate the types and corresponding numbers of Hired Autos:
☐ Private Passenger ☐ Multi-Passenger Van ☐ Bus ☐ Truck
2. Please indicate the estimated annual cost of Hired Autos: \$
3. Please indicate how Hired Autos will be used:
☐ Business Trips ☐ Regular Sales/Service Calls ☐ Transportation of Persons ☐ Transportation of Cargo
☐ Other If Other, please provide details:
4. With respect to Hired Autos you lease from others, please indicate the average term of all leases: and the maximum term of any lease:

**COMPLETE THE FOLLOWING SECTION ONLY
IF NON-OWNED AUTO COVERAGE IS DESIRED:**

1. Please indicate the types and corresponding numbers of Non-Owned Autos:
☐ Private Passenger ☐ Multi-Passenger Van ☐ Bus ☐ Truck
2. Please indicate the types and corresponding numbers of owners of Non-Owned Autos:
☐ Employees ☐ Partners ☐ Executive Officers ☐ Volunteers
☐ Other If Other, please provide details:
3. Please indicate how Non-Owned Autos will be used:
☐ Errands ☐ Regular Sales/Service Calls ☐ Product Delivery ☐ Transportation of Persons
☐ Transportation of Cargo ☐ Other If Other, please provide details:
4. Please indicate the maximum distance a Non-Owned Auto may be driven from the Location shown above:
☐ Less Than 10 Miles ☐ More Than 10 Miles
5. Please indicate how frequently Non-Owned Autos will be used:
☐ Daily ☐ Weekly ☐ Monthly ☐ Other
If Daily, please indicate the average number of trips per day: and the maximum number of trips per day:
6. Do you require all employees, partners, executive officers and volunteers to maintain their own Auto Liability insurance? ☐ Yes ☐ No
If yes, please indicate the minimum limits required:
7. Do you require and maintain evidence of the insurance? ☐ Yes ☐ No

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic signature of Applicant or Authorized Representative:

Title:

Current Date:

If you prefer not to return application with an electronic signature, please print and sign.