

GENERAL CASUALTY HIRED & NON-OWNED AUTO SUPPLEMENTAL APPLICATION

GENERAL INFORMATION:

1. Number of owned autos _____
2. Do you have auto liability coverage for owned autos? ☐ No ☐ Yes
3. Is Hired and Non-Owned auto liability covered under the owned auto policy? ☐ No ☐ Yes

COMPLETE IF HIRED AUTO COVERAGE IS DESIRED:

4. Do any of your agents, independent contractors, or employees lease autos in your name? ☐ No ☐ Yes
If "Yes," explain: _____
5. Types of autos hired: _____
6. What is passenger capacity of hired autos? _____
7. Are any hired autos leased? ☐ No ☐ Yes
What are the average terms of the lease? _____
8. Are the same autos leased or does it vary? ☐ Same Autos ☐ Varies
If the same, explain why the autos cannot be scheduled on the policy. _____

9. Do you provide drivers to operate hired autos? ☐ No ☐ Yes
If "No," will the drivers be required to provide a Certificate of Insurance? ☐ No ☐ Yes
What are the *minimum* liability limits required by the lessee (you)? _____
10. Is there a written lease agreement? If "Yes," attach a copy. ☐ No ☐ Yes
11. Will you be named as an additional insured on the lessor's policy? ☐ No ☐ Yes
12. Do you lease, hire, rent or borrow any auto (other than a private passenger type auto) owned or leased by your employees, partners, or members of their household? ☐ No ☐ Yes
If "Yes," give details and how many. _____

13. Do you own or control any subsidiary or are you affiliated with any other corporation? ☐ No ☐ Yes
If "Yes," what is the business or affiliate? _____
14. Do you understand that we may audit your records regarding the cost of hire? ☐ No ☐ Yes

H/N/O Auto Supplemental Application - Continued

COMPLETE IF NON-OWNED AUTO COVERAGE IS DESIRED:

15. Why is non-ownership liability coverage being requested? _____

16. What types on non-owned autos will be used in your business? _____

17. How will they be used? _____
18. What is the maximum distance which a non-owned auto may be driven from your premises? _____ miles
19. Total number of non-owned autos used in your business _____
20. What percentage of your business involves client transportation? _____ %
21. Do you have any emergency transportation of your clients? ☐ No ☐ Yes
22. Total number of employees _____
23. How often are non-owned autos used in your business?
Daily _____ Weekly _____ Monthly _____
Estimate number of hours used:
Daily _____ Weekly _____ Monthly _____
24. Do your employees lease autos on your behalf? ☐ No ☐ Yes
25. What is the estimated annual mileage for use on all non-owned autos? _____ miles
26. Do you require employees to have their own insurance? ☐ No ☐ Yes
If "Yes," what are the minimum limits required? _____
27. Do you require evidence of insurance? ☐ No ☐ Yes
28. Do you check MVR's annually? ☐ No ☐ Yes
29. Will you use non-owned autos other than those owned by your employees? ☐ No ☐ Yes
If "Yes," describe relationship: _____

30. If a Social Service operation:
Indicate total number of volunteers furnishing autos in your operation _____
Maximum number of volunteers at any one time _____

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* Coverage may not be available in all states.

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's Signature

Sub-Producer

Title/Date

Producer