



Colony Specialty Hired & Non-Owned Automobile Supplement

This form is supplemental to the Colony Specialty Commercial Automobile Application (TR1011). A fully completed Colony Specialty Commercial Automobile Application and the Colony Specialty Hired & Non-owned Automobile Supplement are required to complete the application process.

Colony Specialty Policy # _____

Applicant Name _____

(dba) _____

Section I – Description of Operations

1. Description of Operations _____

2. Types of autos: Bus seating capacity _____ Van seating capacity _____ Private Passenger
 Dump Truck Wrecker/Tow Truck Waste Truck Straight/Box Truck Tractor/Semi Trailer Flat Bed
 Other _____

3. How will the autos be used? _____

4. Maximum distance for which an auto may be driven from the insured’s premises? _____ miles.

5. Are the Hired and Non-Owned exposures on an “if any” basis for contractual purposes only with no regular Hired and Non-Owned auto exposure? Yes No

If “Yes” do not complete the rest of the Supplement

Section II – Hired Auto Information

6. Estimated cost of hired autos _____

7. Are autos hired with drivers? Yes No

8. Is there a Hold Harmless agreement in place? Yes No

9. Does any agent, independent contractor or employee lease/rent autos on insured's behalf? Yes No
If yes, please explain _____

10. Are the same autos leased or does it vary? Same Autos Varies
If the same, explain why they can’t be listed on the policy _____

11. Does the insured own or control any subsidiary or is it affiliated with any other corporation? Yes No
If “Yes,” are vehicles leased from the subsidiary or affiliate? Subsidiary Affiliate
What is the business of the subsidiary or affiliate? _____

12. Does the insured have an ICC broker’s authority or provide a brokerage service? Yes No

13. What is the average term of the lease? _____

Section III- Non-Owned Auto Information

14. Total number of non-owned autos used in the insured's business _____
15. How often are non-owned autos used in the insured's business? Daily Weekly Monthly
Estimated number of hours per month _____
16. Total number of employees:
 0-25 26-100 101 or more
17. If a social service operation, indicate total number of volunteers using their own autos in the insured's operation _____
Maximum number of volunteers at any one time _____
18. Do you require employees to have their own insurance? Yes No
If "Yes," what are the minimum limits required? _____
Do you require evidence of insurance? Yes No
19. Will you use non-owned autos other than those owned by your employees/volunteers? Yes No