



### Hired & Non-Owned Automobile Supplement

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

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