



HIRED AND NON-OWNED SUPPLEMENTAL APPLICATION (NOT ELIGIBLE IN ILLINOIS, LOUISIANA, VERMONT, AND WISCONSIN)

APPLICANT INFORMATION

NAME:		
MAILING ADDRESS:		
PROPOSED EFF DATE: FROM:	TO:	WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION		YEARS IN BUSINESS
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER		

GENERAL INFORMATION

1. Coverage Desired: Hired and Non Owned: Non Owned Only: **Hired Only is ineligible**
 2. Why is Hired and/or Non-Owned Auto Coverage being requested?

3. Number of employees, volunteers, executive officers and partners? (eligible up to 15) _____
 4. What type of Hired Non-Owned autos will be used in the Applicant's business (e.g. private passenger, van, other than private passenger or van)?

If Yes to any of the following questions, risk is ineligible.

5. Are there any Hired or Non-Owned exposures in the states of Illinois, Louisiana, Vermont, or Wisconsin?	<input type="radio"/> Yes <input type="radio"/> No
6. Has Applicant ever had any Hired or Non-Owned Auto losses?	<input type="radio"/> Yes <input type="radio"/> No
7. Does Applicant have a commercial auto policy?	<input type="radio"/> Yes <input type="radio"/> No
8. Does Applicant own any autos?	<input type="radio"/> Yes <input type="radio"/> No
9. Does Applicant perform any Delivery Services?	<input type="radio"/> Yes <input type="radio"/> No
10. Is the Applicant involved in any of the following businesses?	
Auto Repair _____	Medical Equipment Supply Store _____
Caterers _____	Pizza Parlors _____
Churches/Religious Organizations _____	Real Estate Agents _____
Conducting/Planning Special Events _____	Sales Professionals _____
Consultants _____	Schools _____
Contracting Risk _____	Truckers/Freight Forwarders _____
Couriers/Express Messengers _____	Visiting Nurse/Home Health Aids _____
Fast Food Restaurants _____	Warehouses _____
Florist _____	

11. Please describe all business and operations for which Applicant is engaged:

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NON-OWNED AUTO

1. Describe Non-Owned Autos usage (include who is using hired autos; how they are being used; and approximate mileage driven for each)? _____

2. Do employees lease autos on the Applicant's behalf? Yes No
3. Does the Applicant require proof of insurance from employees? (If **No**, ineligible) Yes No
4. Will the Applicant use Non Owned Autos other than those owned by employees? (If **Yes**, ineligible) Yes No
5. Does Applicant have written guidelines of what is an acceptable driving record? Yes No
6. How many times per week are Non Owned Autos used in the Applicant's business? _____
7. Total number of Non Owned Autos used in the Applicant's business? (eligible up to 15) _____
8. What is the estimated annual mileage for use of all Non Owned Autos? (eligible up to **2,500** miles) _____
9. What is the maximum distance which a Non Owned Auto may be driven from the Applicant's premises? (radius of operation) (eligible up to **250** miles) _____

HIRED AUTO

Not Applicable

1. Describe Hired Autos usage (include who is using hired autos; how they are being used; and approximate mileage driven for each)? _____

2. Number of Hired Autos per year? (eligible up to **6x** a year) _____
3. Does the Applicant lease, hire, or rent any auto other than a passenger type auto? (if **Yes**, ineligible) Yes No
4. What is the average term of the lease (days)? (eligible up to **5** days) _____
5. Approximate maximum distance (in miles) in which a Hired Auto may be driven from the rental premise? (eligible up to **250** miles) _____
6. Does the Applicant own or control any subsidiary or is affiliated with any other Corporations for which HNOA Coverage is requested? (if **Yes**, ineligible) Yes No
7. At any time will the Applicant subcontract their work? (if **Yes**, ineligible) Yes No

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The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Any failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**



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