



# Hired / Non-Owned Auto - Supplemental Application

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

- 1. Named Insured: \_\_\_\_\_
- 2. Named Insured Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

3. Premises Address:

Loc. #	Bldg. #	Address	City	State	Zip Code

- 4. Does the applicant purchase an Auto Liability Policy for the purpose of covering owned autos?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. What type of coverage is being requested? Hired Auto \_\_\_\_\_ Non Owned Auto \_\_\_\_\_  
Hired/Non Owned Auto \_\_\_\_\_
- 6. What is the total number of employees, officers, partners or volunteers who drive on the organizations behalf?  
\_\_\_\_\_
- 7. Do employees or volunteers routinely use their autos for company business? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details regarding duties involved.  
\_\_\_\_\_  
\_\_\_\_\_
- 8. Describe the types and the gross vehicle weights of all autos to be hired, borrowed or rented?  
\_\_\_\_\_  
\_\_\_\_\_
- 9. Do you obtain motor vehicle records for all employees and volunteers? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10. Any delivery exposure? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11. Does your organization transport clients? Yes \_\_\_\_\_ No \_\_\_\_\_
- 12. Are any ICC or state regulatory fillings required? Yes \_\_\_\_\_ No \_\_\_\_\_

Named Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Hudson Insurance Group

## Hired / Non-Owned Auto - Supplemental Application

---

### FRAUD WARNINGS

**To All Prospective Insureds:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**To Prospective Insureds in:**

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree

**New York:** 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**New York (Fire insurance applications):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**New York (Automobile):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

**Pennsylvania (Automobile):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.