

Hired & Non-Owned Auto Supplement



COLUMBIA INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA

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Policy Term From: _____ To: _____

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application. Notify premium finance company of hired auto audit requirements.

HIRED AUTO COVERAGE

1. Number of autos (as defined in the policy) to be scheduled on the policy: _____
2. Gross Receipts: Past year \$ _____ Estimate for coming year \$ _____
3. Type of operation (give description of operation): _____

4. Type of Policy: < Commercial Auto < Trucker < Public
5. Annual cost incurred for hired autos: \$ _____ Is the insured involved in any arrangements for the borrowing or bartering for the use of autos? < Yes < No
 If yes, explain: _____

6. Does any agent, independent contractor, or employee lease autos in the insured's name? < Yes < No
 If yes, explain: _____
7. Does the insured utilize owner/operators, independent contractors, or subcontractors? < Yes < No
 If yes, how many? _____? Are they under permanent lease to the insured? < Yes < No
 Are they shown as scheduled autos on your application? < Yes < No
 If no, is their cost included in the estimated cost of hired autos in Question 5 above? < Yes < No
8. Types of autos hired: _____
 What is gross vehicle weight of commercial autos? _____
 What is passenger capacity of public autos? _____
9. What is the average term of lease? _____
10. Are the same autos leased or does it vary? < Same Autos < Varies
11. If the same, explain why the autos cannot be scheduled on the policy. _____

12. What percentage of the hired autos' revenue is paid to owners of the hired autos? _____ %
13. Are drivers to be provided by the insured to operate hired autos? < Yes < No
 If no, will the drivers be required to provide Certificates of Insurance? < Yes < No
 What are the minimum liability limits required by the lessee (named insured)? _____

14. Will the insured be named as an additional insured on the lessor's policy? < Yes < No
15. Does the insured lease, hire, rent, or borrow any auto, other than a private passenger type auto, owned or leased by the insured's employees, partners, or members of their household? < Yes < No
 If yes, give details and how many. _____
