

1. Proposed Named Insured & Other Named Insured(s):

2. Limit of Liability Desired:  \$100,000 each occurrence  \$300,000 each occurrence  
 \$500,000 each occurrence  \$1,000,000 each occurrence  
 Other:

3. Effective Date Desired: \_\_\_\_\_ Term Desired: \_\_\_\_\_

**HIRED AUTO**

1. Do you hire, rent or borrow autos to be used in your business?  Yes  No

2. Types of autos hired, rented or borrowed:

3. Total estimated annual cost: \$ \_\_\_\_\_

**NON-OWNED AUTO**

1. Types of non-owned autos used in your business:

2. Describe how they will be used:

3. Do you require employees to have their own insurance?  Yes  No  
 If yes, minimum limits required: \_\_\_\_\_

4. Do you require proof of insurance?  Yes  No

5. Number of employees who may operate their autos on your behalf: \_\_\_\_\_

6. Frequency you check employees driving records: \_\_\_\_\_

7. Do you have written guidelines of what is an acceptable driving record?  Yes  No  
 If yes, what is not acceptable: \_\_\_\_\_

8. Will you use non-owned autos other than those owned by your employees?  Yes  No  
 If yes, describe: \_\_\_\_\_

9. How often are non-owned autos used in your business: \_\_\_\_\_

10. Estimated number of hours/days per month: \_\_\_\_\_

11. Longest distance a non-owned auto will be driven on business for you: \_\_\_\_\_

12. Will you use non-owned autos other than those owned by your employees?  Yes  No  
 If yes, describe: \_\_\_\_\_

**FRAUD STATEMENTS**

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**LOUISIANA and MAINE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

---

**IMPORTANT NOTICE****DECLARATION**

---

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

---

**SIGNATURES**

---

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		

---