

HIRED AND NON OWNED AUTO SUPPLEMENTAL APPLICATION

THIS SUPPLEMENT IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS, REPRESENTATIONS AND AUTHORIZATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT.

ACCOUNT INFORMATION

1. Applicant Name (as identified in the Liability Insurance Application for the proposed insurance):

FINANCIAL AND EXPOSURE DETAILS

2. Does the Applicant purchase Auto Liability Insurance to cover owned autos? Yes No

3a. Number of employees, volunteers or contractors using their own vehicles for the Applicant's business?

Employees # _____	Volunteers # _____	Contractors # _____
Hired # _____	Non-owned # _____	Total # _____

3b. Number of hired and non-owned autos needing coverage annually _____

3c. Estimate annual mileage for all hired and non-owned autos _____

4.. Number of employees that fall into each of the following categories:

Transporting clients _____	Other than client transport _____
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5. Do drivers transport clients? Yes No

If "No," skip to question 6.

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|--|--|
| a. If "Yes," in the client's vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. In the employee's personal vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Is any night driving involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Is there a driver training program including vehicular loading/unloading and assistance of clients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

OPERATIONS AND ADMINISTRATION

6. Does the Applicant have a formal driver safety program? Yes No

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|--|--|
| a. Are MVRs secured before hire? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. How often are MVRs updated? _____ | |
| c. Is there a MVR criteria policy in effect? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are criminal records checked before hire? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Are drug tests administered before hire? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are drivers under the age of 25 hired? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7.	Are written accident reports required and kept on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is there a follow-up procedure in place for drivers involved in accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Is employee's personal auto insurance verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How often is insurance updated? _____	
10.	What are the required minimum personal auto liability limits for those drivers who use their own personal vehicles for business pursuits?	\$ _____
11.	What are the most common limits maintained?	\$ _____
12.	Any claims or suits related to hired and non-owned autos in the last five years? If "Yes," please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement are true and complete.

The notices, conditions, representations and authorizations contained in the Application submitted by or on behalf of the Applicant for the proposed insurance, are incorporated into and apply to this Supplement.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	