

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
 N/a
 If "Yes," does that policy include coverage for hired and non-owned auto? Yes No

3. Are drivers licenses checked and confirmed valid prior to being a driver on behalf of the named insured? Yes No
 If "Yes," how often are they re-checked? _____

If you have 10 drivers or less, current Motor Vehicle Reports (MVRs) are to be attached to this application for review.

4a. Number of hired and non-owned vehicles for which insurance is desired? _____
 Hired # _____ Non-Owned # _____ Total # _____

4b. Number of drivers using their own vehicles for the Applicant's business?
 Employees # _____ Volunteers # _____ Contractors # _____

4c. Estimated annual mileage for all hired and non-owned autos _____

5. Do drivers transport clients? Yes No
 If the answer to question 5 is "No," skip to question 6.

a. What is the minimum age of drivers transporting clients? _____

b. Do drivers transport clients in the client's vehicle? Yes No

c. Do drivers transport clients in the driver's personal vehicle? Yes No

d. Is any night driving involved? Yes No

e. Is there a driver training program required including vehicular loading/unloading and assistance of clients? Yes No

f. Please estimate the percentage of time your hired & non-owned autos devote to each of the following (total must equal 100%)

Transporting clients _____ Other than client transport _____

OPERATIONS AND ADMINISTRATION

6. Does the Applicant have a formal driver safety program? Yes No
 If "Yes," please provide a copy.
- a. Is there an MVR criteria policy in effect? Yes No
- b. Is there a maximum number of driving violations allowed? Yes No
 If "Yes," how many? _____
- c. Are any major violations allowed? (see definition below) Yes No
- d. Are criminal records checked before hire? Yes No
- e. Are drug tests administered before hire? Yes No
- f. Is there a post accident drug testing policy in place? Yes No
- g. What is the minimum age allowed for drivers? _____

Major violations include the following: • Driving with a revoked or suspended license; • Driving Under the Influence or Driving While Impaired; • Driving in possession of alcohol or illegal drugs; • Refusing to submit to a breath, urine or blood test; • Reckless Driving; • Driving 30 MPH over the posted Speed Limit or participating in any racing contest; • Commission of a felony with a vehicle (e.g. Hit and run, vehicular manslaughter, vehicular assault, vehicular homicide, eluding a police officer).

7. Are written accident reports required and kept on file? Yes No

8. Is there a discipline and follow-up procedure in place for drivers involved in accidents? Yes No

9. Is personal auto insurance verified at least annually for all employees who drive on your behalf? Yes No

10. What are the required minimum personal auto liability limits for those drivers who use their own personal vehicles for business pursuits? \$ _____

11. Have there been any claims or suits brought against you related to hired or non-owned autos in the last five years? Yes No
 If "Yes," please provide details:

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	