



NON-OWNED AUTO COVERAGE
BUSINESS AUTO SUPPLEMENTAL APPLICATION

Effective Date _____

Name _____ Policy No. _____

1. Explain why Non-Owned Auto coverage is being requested. (Contract, umbrella carrier, other)

2. Describe the types of non-owned autos to be used in your business.

3. Describe how the autos will be used.

4. Total number of employees in your business. _____

5. Total number of non-owned autos that might be used in your business. _____

6. Longest distance a non-owned auto will be driven on business for you. _____ miles

7. Estimated annual mileage for all non-owned autos. _____ miles
Do you report employee mileage reimbursement for tax purposes? [] Yes [] No
If yes, miles reported last year. _____

8. Frequency non-owned autos are used in your business: [] Daily [] Weekly [] Monthly
Estimated number of hours non-owned autos are used each month. _____

9. If a social service operation, number of volunteers furnishing autos for the organization. _____
Maximum number of volunteers at one time. _____

10. Do you require employees to have their own insurance? Yes No
[] []
If yes, minimum limits you require. _____

11. Do you require proof of insurance from employees? [] []

12. Frequency employee's MVRs are checked. _____

13. Will you use non-owned autos other than those owned by your employees? Yes No
[] []
If yes, whose autos will your organization be using?

Applicant's Signature _____

Date _____