

**HIRED AND NON-OWNED AUTOMOBILE SUPPLEMENTAL**

Name of Applicant: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 P.O. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Web Site: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_

12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

**HIRED AUTO INFORMATION**

1. **Why is hired auto coverage being requested?** \_\_\_\_\_
2. **Do you haul for others?** .....  Yes  No  
 If yes, indicate percentage and for whom: \_\_\_\_\_
3. **Are any vehicles or equipment loaned, rented or leased to others?** .....  Yes  No
4. **Do you lease, hire, rent or borrow any vehicles from others?** .....  Yes  No  
 What is the average term of the lease? \_\_\_\_\_  
 Is there a written agreement? .....  Yes  No  
 If yes, provide a copy of the agreement.
5. **Does your lease agreement contain a Hold Harmless clause?** .....  Yes  No
6. **Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire?** .....  Yes  No
7. **Do you obtain certificates of insurance from the truckers you hire?** .....  Yes  No  
 Certificates of insurance with limits of at least \$750,000 are required from your sub-haulers. If you do not have these on file when we audit, we will charge you for primary hired auto insurance. Do you understand? .....  Yes  No
8. **If owner/operators are leased for six (6) months or longer, will they be scheduled on your policy?** .....  Yes  No  
 If yes, provide a copy of the agreement you use.
9. **Do you lease, hire, rent or borrow any vehicles from others without drivers?** .....  Yes  No  
 Will they be scheduled on the policy? .....  Yes  No  
 What is the average term of lease? \_\_\_\_\_

10. **What is your cost to lease, hire, rent or borrow vehicles?** With drivers: \$ \_\_\_\_\_ Without drivers: \$ \_\_\_\_\_  
 Estimated cost of hired autos: This year: \$ \_\_\_\_\_ Last year: \$ \_\_\_\_\_
11. **What type of vehicles do you lease, hire, rent or borrow?** Truck-Tractors: \_\_\_% Trailers: \_\_\_%  
 Heavy and Extra Trucks: \_\_\_% Pickup Trucks or Vans: \_\_\_% Private Passenger Cars: \_\_\_%
12. **At any time will your employees, subcontractors or owner/operators lease vehicles in your name?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_
13. **How many years of experience does your management have in the truck/transportation business?** \_\_\_\_\_  
 Please provide an explanation of their experience: \_\_\_\_\_
14. **Do you arrange or dispatch loads for others, not including your own hired truckers?** .....  Yes  No  
 Please explain: \_\_\_\_\_  
 Are you named on the Bills of Lading? .....  Yes  No  
 Annual number of Truckers: \_\_\_\_\_ Loads: \_\_\_\_\_
15. **Do you have brokerage authority?** .....  Yes  No  
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? .....  Yes  No  
 What is your brokerage motor carrier number? \_\_\_\_\_  
 Whose name appears on the bill of lading as the carrier? \_\_\_\_\_  
 What is your brokerage revenue for the most recent twelve (12) months? \_\_\_\_\_  
 Estimated next twelve (12) months? \_\_\_\_\_
16. **Are driver teams used?** .....  Yes  No
17. **Will more than one driver use a specific truck?** .....  Yes  No

<b>NON-OWNED AUTO INFORMATION</b>
-----------------------------------

18. **Why is non-ownership liability coverage being requested?** \_\_\_\_\_
19. **What types of non-owned autos will be used in your business?** \_\_\_\_\_  
 Total number of non-owned autos used: \_\_\_\_\_ How will they be used? \_\_\_\_\_
20. **How often are non-owned autos used in your business?**  Daily  Weekly  Monthly  Other \_\_\_\_\_  
 Estimate the number of hours per month: \_\_\_\_\_  
 Estimated annual mileage for use of all non-owned autos: \_\_\_\_\_
21. **Do any employees use their autos in your business?** .....  Yes  No  
 If yes, what limit of liability insurance are they required to maintain? \_\_\_\_\_  
 Do you require evidence of insurance? .....  Yes  No
22. **Do employees lease autos on your behalf?** .....  Yes  No  
 If yes, under whose name are the autos leased? .....  Employees name  Your name
23. **Will you use non-owned autos other than those owned by employees?** .....  Yes  No  
 If yes, describe the relationship: \_\_\_\_\_
24. **Total number of employees:** \_\_\_\_\_ **Total number of officers and partners:** \_\_\_\_\_

25. If a social service operation, indicate the total number of volunteers furnishing autos in your operation:

\_\_\_\_\_
Maximum number of volunteers at any one time: \_\_\_\_\_ How will they use their vehicles? \_\_\_\_\_

26. Are volunteers required to have their own insurance? .....  Yes  No

Minimum limits required: \_\_\_\_\_

27. Do you obtain motor vehicle records for all drivers?.....  Yes  No

28. Do you understand that we may audit your records for Hired and Non-Owned auto exposure, which might result in an additional premium?.....  Yes  No

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_
(Applicable in Iowa Only)

Note to General Agent: If hired auto coverage is provided, notify the Premium Finance Company of the audit required.