NON-OWNED AUTO QUESTIONNAIRE

RISK NAME: _____   **Address:**_____

HIRED AUTO:

1. For what purpose do you require hired autos?_____
   _____

2. Average number of hired autos rented/leased annually: _____

3. Types of autos rented/leased: _____

4. Total Number of Employees: _____

5. Average Term of Lease/rental agreement:_____

6. Estimated Cost of hired autos for this year: _____

7. Minimum liability limits required:_____

NON OWNED AUTO:

8. Do you have existing Auto coverage with another carrier? ☐ Yes ☐ No

9. Do you require minimum limits of liability of $100,000 for any employee or volunteer that drives their vehicle on your behalf? ☐ Yes ☐ No

10. We require minimum limits of liability of $100,000 for any employee or volunteer that drives their vehicle on your behalf. Will you implement this requirement into your management practice? ☐ Yes ☐ No

11. Do you obtain a copy of their Declarations Page or Certificate of Insurance and update it annually? ☐ Yes ☐ No

12. Total number of employees: _____

13. Total number of non-owned autos used in your business: _____

14. Will non-owned autos other than private passenger types, pickups or vans be used? ☐ Yes ☐ No
    If yes, please describe autos and how they will be used: _____
    _____

15. Are clients transported? ☐ Yes ☐ No

16. Are non-owned autos likely to be operated beyond 50 miles? ☐ Yes ☐ No
    If yes, how often and why? _____

17. Indicate the total number of volunteers furnishing autos for your operation: _____
    Maximum number of volunteers at one time: _____

18. How often are non-owned autos used in your business? ☐ Daily ☐ Weekly ☐ Monthly

19. Do you report employee mileage for tax purposes? ☐ Yes ☐ No
    If yes, how many miles were reported last year? _____

20. It is management's responsibility to establish and enforce driver selection criteria. Do you order MVR's annually for all employees and volunteers driving their own vehicles on your behalf? ☐ Yes ☐ No

21. Please describe your procedure for evaluating MVR's to identify unacceptable or marginal drivers:
    _____
    _____

22. Have you had any non-owned auto losses in the past five years? ☐ Yes ☐ No
    (If yes, please attach current loss runs.)

_____   _____
Date Signed   Signature of Applicant

                                                         _____
                                                         Name and Title