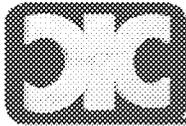




Risk Placement Services, Inc.



Illinois
Casualty
Company
A Mutual Insurance Company

BUSINESSOWNERS
BOP REN DEL 07 09

225 20th Street, Rock Island, IL 61201 ♦ (309) 793-1700 ♦ (800) 445-3726 ♦ Fax: (309) 793-1707 ♦ www.ilcasco.com

NON OWNED AUTO COVERAGE WITH DELIVERY RENEWAL SUPPLEMENTAL APPLICATION

Insured:
Policy No:
Location address:

Agency:

INSTRUCTIONS: Complete one form for each location. Document is not valid if not signed. Please update any of the following information that has changed.

1. Latest hour of delivery operations _____
2. Average number of deliveries per week _____
3. In miles, farthest point of delivery _____ mile(s)
4. Percentage of total sales generated by delivery _____%
5. Percentage of the Insured's employees that operate their vehicles in the business _____%
6. Average number of drivers during a shift _____
Maximum number of drivers during a shift _____
7. Are all delivery drivers employees? Yes No If no, please explain _____
How are the drivers compensated? _____
8. Is any item other than food delivered? Yes No If yes, describe: _____
9. Are any vehicles owned by the Insured? Yes No If yes, is non owned auto coverage provided by the commercial auto carrier? Yes No If no, provide written verification.
10. Is there a formal, written Driver Recruitment and Monitoring Program in place? Yes No
If yes, please also provide a copy of the program along with **current copies of each driver's Motor Vehicle Record (MVR)**.

Please update the list of drivers below. Please cross out the names of any individuals who are no longer drivers for your business. Provide updated information as indicated.

Driver name	Status	Updated auto insurance information required?	Updated copy of driver license required?	Updated copy of MVR required?

Applicant:
Agency:

Date:
Agency Contact:

NON OWNED AUTO COVERAGE WITH DELIVERY SUPPLEMENTAL APPLICATION

Location address:

INSTRUCTIONS: Complete one form for each location. Document is not valid if not signed. Coverage must be written as part of an ICC Businessowners Policy.

1. Latest hour of delivery operations _____
2. Average number of deliveries per week _____
3. In miles, farthest point of delivery _____ mile(s)
4. Percentage of total sales generated by delivery _____ %
5. Percentage of the Applicant's employees that operate their vehicles in the business _____ %
6. Average number of drivers during a shift _____
Maximum number of drivers during a shift _____
7. Are all delivery drivers employees? Yes No If no, please explain _____
How are the drivers compensated? _____
8. Is any item other than food delivered? Yes No If yes, describe: _____
9. Are any vehicles owned by the Applicant? Yes No If yes, is non owned auto coverage provided by the commercial auto carrier? Yes No If no, provide written verification.
10. Is there a formal, written Driver Recruitment and Monitoring Program in place (sample attached)? Yes No If yes, please also provide a copy of the program along with **current copies of each driver's Motor Vehicle Record (MVR)**.

