



Hired & Non-Owned Auto Supplement

Policy Term From: _____ To: _____

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application. Notify premium finance company of hired auto audit requirements.

HIRED AUTO COVERAGE

1. Number of autos (as defined in the policy) to be scheduled on the policy: _____
2. Gross Receipts: Past year \$ _____ Estimate for coming year \$ _____
3. Type of operation (give description of operation): _____

4. Type of Policy: Commercial Auto Trucker Public
5. Annual cost incurred for hired autos: \$ _____ Is the insured involved in any arrangements for the borrowing or bartering for the use of autos? Yes No
If yes, explain: _____

6. Does any agent, independent contractor, or employee lease autos in the insured's name? Yes No
If yes, explain: _____
7. Does the insured utilize owner/operators, independent contractors, or subcontractors? Yes No
If yes, how many? _____? Are they under permanent lease to the insured? Yes No
Are they shown as scheduled autos on your application? Yes No
If no, is their cost included in the estimated cost of hired autos in Question 5 above? Yes No
8. Types of autos hired: _____
What is gross vehicle weight of commercial autos? _____
What is passenger capacity of public autos? _____
9. What is the average term of lease? _____
10. Are the same autos leased or does it vary? Same Autos Varies
11. If the same, explain why the autos cannot be scheduled on the policy. _____

12. What percentage of the hired autos' revenue is paid to owners of the hired autos? _____ %
13. Are drivers to be provided by the insured to operate hired autos? Yes No
If no, will the drivers be required to provide Certificates of Insurance? Yes No
What are the minimum liability limits required by the lessee (named insured)? _____

14. Will the insured be named as an additional insured on the lessor's policy? Yes No
15. Does the insured lease, hire, rent, or borrow any auto, other than a private passenger type auto, owned or leased by the insured's employees, partners, or members of their household? Yes No
If yes, give details and how many. _____

16. Does the insured own or control any subsidiary or is it affiliated with any other corporation? Yes No
 If yes, are vehicles leased from that subsidiary or affiliate? Yes No
17. What is the business of the subsidiary or affiliate? _____

18. Are ICC or state regulatory filings required? Yes No
19. Does the insured have an ICC broker's authority or provide a brokerage service? Yes No
20. Does the insured understand that we intend to audit his records regarding the cost of hire? Yes No
21. Is the premium financed? Yes No

NON-OWNED AUTO COVERAGE – This coverage not available unless written with primary auto liability including hired auto coverage.

1. Why is non-ownership liability coverage being requested? _____

2. What types of non-owned autos will be used in the insured's business? _____

 How will they be used? _____

3. What is the maximum distance which a non-owned auto may be driven from the insured's premises? _____ Miles.
4. Total number of non-owned autos used in the insured's business? _____
5. Total number of employees? _____
6. If a social service operation, indicate total number of volunteers furnishing autos in the insured's operation. _____ Maximum number of volunteers at any one time. _____
7. How often are non-owned autos used in the insured's business? Daily Weekly Monthly
 Estimate number of hours used per month. _____
8. Do your employees lease autos on insured's behalf? Yes No
 If yes, under whose name are autos leased? Employees Insured
9. What is the estimated annual mileage for use of all non-owned autos? _____ Miles.
10. Do you require employees to have their own insurance? Yes No
 If yes, what are the minimum limits required? _____
 Do you require evidence of insurance? Yes No
11. Will you use non-owned autos other than those owned by your employees? Yes No
 If yes, describe relationship. _____

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.

Completed by Insured _____ Date _____
 (Insured's Signature)