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Submission/Policy Number: \_\_\_\_\_ Proposed Effective Dates: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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Name \_\_\_\_\_

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1. Does Named Insured/applicant carry Physical Damage coverage on their owned vehicles?  Yes  No
2. Maximum value of the leased vehicle(s): \$ \_\_\_\_\_
3. Estimated number of days: \_\_\_\_\_
4. Deductibles:    Collision:                     \$100                     \$250                     \$500                     \$1,000                     \$2,500  
                         Comprehensive/SCL:     \$100                     \$250                     \$500                     \$1,000                     \$2,500

**Binding of Coverage is Subject to Compliance with Underwriting Authority**

5. Does the Named Insured/applicant have a proven accounting and recordkeeping system that is readily available to Northland Insurance that conforms to terms and conditions of this coverage?  Yes  No
6. Does the Named Insured/applicant keep records of all units added for Hired Auto Physical Damage coverage and the number of days each unit was covered?  Yes  No
7. Does the Named Insured/applicant require written rent/lease contracts between the insured and equipment owners for all transactions prior to the transactions taking place?  Yes  No

**Requirements**

Hired Auto Physical Damage coverage is subject to a minimum daily rate that is fully earned.

The Named Insured will supply a report to the company within 15 days of the end of the policy term showing the number of vehicles and the number of days per vehicle that it was insured.

The Named Insured agrees to pay any additional premium due the company for additional coverage provided.

**Coverage is Subject to Audit**

I certify and represent that the above responses are full and true statements and are provided as part of my application for insurance coverage.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date