

HIRED AND NONOWNED AUTO COVERAGES SUPPLEMENTAL APPLICATION  
HIRED AUTO LIABILITY COVERAGE

1. Current year cost of hire \$ \_\_\_\_\_ Projected cost of hire \$ \_\_\_\_\_
2. Do you borrow autos?     Yes     No  
If yes explain: \_\_\_\_\_  
\_\_\_\_\_
3. Do any of your agents, independent contractors or employees lease autos in your name?  
 Yes    No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Types of autos you hire? \_\_\_\_\_  
\_\_\_\_\_  
What is the gross vehicle weight of the commercial autos? \_\_\_\_\_  
What is the passenger capacity of the public autos? \_\_\_\_\_
5. What is the average term of the lease? \_\_\_\_\_
6. Do you lease the same autos or does it vary?         Same Autos     Varies  
If you lease the autos 30 days or more, explain why they cannot be scheduled on the policy:  
\_\_\_\_\_  
\_\_\_\_\_
7. What percentage of the gross revenue produced by the hired autos is paid net to the owners of the hired autos? \_\_\_\_\_%
8. Do you provide the drivers for the hired autos?         Yes    No
9. Do you provide the insurance on hired autos?         Yes    No If no, do you require a certificate of insurance and an additional insured endorsement?    Yes    No  
If no, what limits of insurance do you require? \_\_\_\_\_
10. Do you lease or borrow any autos from a subsidiary or affiliate?    Yes    No  
If yes, what is the business of the subsidiary or affiliate? \_\_\_\_\_
11. Are you aware that we might audit your cost of hire records?     Yes    No

I hereby represent that the information above is true.		
_____ DATE COMPLETED	_____ AGENT'S SIGNATURE	_____ APPLICANT'S SIGNATURE

HIRED AND NONOWNED AUTO COVERAGES SUPPLEMENTAL APPLICATION  
 NONOWNED AUTO LIABILITY COVERAGE

(This coverage is available if written with hired auto liability coverage)

1. Why are you requesting nonowned auto liability coverage? \_\_\_\_\_  
 \_\_\_\_\_
2. Do your employees use their autos in your business?  Yes  No  
 If yes, do you require them to have their own insurance?  Yes  No  
 What are the minimum limits you require? \_\_\_\_\_  
 Do you require a certificate of insurance?  Yes  No
3. How many employees do you have? \_\_\_\_\_
4. Do your employees lease autos in their own names and use them in your business?  Yes  No
5. Do you use any other nonowned autos in your business besides those owned or leased by your employees?  Yes  No If yes, how are they used? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. What is the maximum distance a nonowned auto is driven from your premises? \_\_\_\_\_ Miles
7. How many nonowned autos do you use in your business? \_\_\_\_\_
8. How often are nonowned autos used in your business? \_\_\_\_\_ Daily \_\_\_\_\_ Weekly  
 \_\_\_\_\_ Monthly How many hours per month are they used? \_\_\_\_\_
9. If you are a social service operation, how many volunteers furnish autos for use in your operations? \_\_\_\_\_ What is the maximum number of volunteers at any one time? \_\_\_\_\_

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