

HIRED AND NON-OWNED AUTOMOBILE SUPPLEMENTAL APPLICATION

Name of Applicant: _____
 D/B/A: _____
 Street Address: _____

 P.O. Mailing Address: _____

 Phone Number: (____) _____
 Website: _____

Agent Name: _____

 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

HIRED AUTO INFORMATION

1. **Why is hired auto coverage being requested?** _____
2. **Do you haul for others?** Yes No
 If yes, indicate percentage and for whom: _____
3. **Are any vehicles or equipment loaned, rented, or leased to others?** Yes No
4. **Do you lease, hire, rent or borrow any vehicles from others?** Yes No
 What is the average term of the lease? _____
 Is there a written agreement? Yes No
 If yes, provide a copy of the agreement.
5. **Does your lease agreement contain a Hold Harmless clause?** Yes No
6. **Do you obtain a copy of the insurance form that list "named lessee as insured" from the truckers you hire?** Yes No
7. **Do you obtain certificates of insurance from the truckers you hire?** Yes No
 Certificates of insurance with limits of at least \$750,000 are required from your sub-haulers. If you do not have these on file when we audit, we will charge you for primary hired auto insurance.
 Do you understand? Yes No
8. **If owner/operators are leased for six (6) months or longer, will they be scheduled on your policy?** Yes No
 If yes, provide a copy of the agreement you use.
9. **Do you lease, hire, rent, or borrow any vehicles from others without drivers?** Yes No
 Will they be scheduled on the policy? Yes No
 What is the average term of the lease? _____
10. **What is your cost to lease, hire, rent, or borrow vehicles?** With drivers: \$ _____ Without drivers: \$ _____
 Estimated cost of hired autos: This year: \$ _____ Last year: \$ _____

11. **What type of vehicles do you lease, hire, rent or borrow?** Truck-Tractors: ___% Trailers: ___%
 Heavy & Extra Trucks: ___% Pickup Trucks or Vans: ___% Private Passenger Cars: ___%
12. **At any time will your employees, subcontractors, or owner/operators lease vehicles in your name?** Yes No
 If yes, explain: _____
13. **How many years of experience does your management have in the truck/transportation business?** _____
 Please provide an explanation of their experience: _____
14. **Do you arrange or dispatch loads for others, not including your own hired truckers?** Yes No
 Please explain: _____
 Are you named on the Bills of Lading? Yes No
 Annual number of Truckers: _____ Loads: _____
15. **Do you have brokerage authority?** Yes No
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No
 What is your brokerage motor carrier number? _____
 Whose name appears on the bill of lading as the carrier? _____
 What is your brokerage revenue for the most recent twelve (12) months? _____
 Estimated next twelve (12) months? _____
16. **Are driver teams used?** Yes No
17. **Will more than one driver use a specific truck?** Yes No

NON-OWNED AUTO INFORMATION

18. **Why is non-ownership liability coverage being requested?** _____
19. **What types of non-owned autos will be used in your business?** _____
 Total number of non-owned autos used: _____ How will they be used? _____
20. **How often are non-owned autos used in your business?** Daily Weekly Monthly Other _____
 Estimate the number of hours per month: _____
 Estimated annual mileage for use of all non-owned autos: _____
21. **Do any employees use their autos in your business?** Yes No
 If yes, what limit of liability insurance are they required to maintain? _____
 Do you require evidence of insurance? Yes No
22. **Do employees lease autos on your behalf?** Yes No
 If yes, under whose name are the autos leased? Employees name Your name
23. **Will you use non-owned autos other than those owned by employees?** Yes No
 If yes, describe the relationship: _____
24. **Total number of employees:** _____ **Total number of officers and partners:** _____
25. **If a social service operation, indicate the total number of volunteers furnishing autos in your operation:** _____
 Maximum number of volunteers at any one time: _____ How will they use their vehicles? _____

26. Are volunteers required to have their own insurance? Yes No

Minimum limits required: _____

27. Do you obtain motor vehicle records for all drivers? Yes No

28. Do you understand that we may audit your records for Hired and Non-Owned auto exposure, which might result in an additional premium?..... Yes No

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner, or executive officer.)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

LICENSED AGENT: _____

(Applicable in Iowa Only)

SIGNATURE OF INSURED: _____ DATE: _____

Note to General Agent: If hired auto coverage is provided, notify the Premium Finance Company of the audit required.