

**HIRED/NON-OWNED AUTO COVERAGE¹ ENDORSEMENT
SUPPLEMENTAL APPLICATION**

Insured/Company Name: _____

Your Name: _____

1. Will you be renting or leasing vehicles? Yes No
2. How often? / For what purpose?

3. Do you or your employees drive personal² vehicles on business?
 Yes No
4. If yes, please list drivers and how often and how far they drive.
(Use separate sheet if necessary)

Name of Driver	Daily/Weekly	Miles per day/week	Insurance Co.

5. Which personal automobile policy limits of liability³ do you require employees to carry? _____

Signature

Date

**VGM INSURANCE, INC.
PO BOX 1328
WATERLOO, IA 50704
800/362-3363 Fax 319/235-6656**

¹ Coverage is limited to \$250,000 per occurrence.

² We require evidence of employee's personal automobile insurance to support the Hired/Non-owned Auto coverage endorsement written as part of the Benchmark Insurance Commercial General Liability Policy.

³ We suggest that employees carry minimum limits of \$100,000 for Bodily Injury/Property Damage/Uninsured Motorist Liability