



HIRED AND NON-OWNED AUTO SUPPLEMENTAL

NAMED INSURED: _____

Non-Owned Auto Liability

1. Do you require your employees/contractors to use their personal automobiles to provide services on your behalf?
Yes No

2. Do you provide client transportation? Yes No If yes, how many annually? _____ Reimbursable Miles _____

3. Do you require the employees/contractors to carry minimum limits of liability of \$100K under their personal automobile policy? Yes No

If no, do you require that they carry at least state minimum limits? Yes No

4. It is management's responsibility to establish and enforce driver selection criteria. Do you order MVR's annually for all employees and volunteers driving their own vehicles on your behalf for business purposes? Yes No

5. How often are non-owned automobiles used in your business? Daily Weekly Monthly

6. Have you had any non-owned automobile losses in the past five years? Yes No

(If yes, please attach current loss runs)

Hired Auto Liability

1. For what purpose do you rent vehicles for business? _____

2. Average number of automobiles rented/leased annually: _____

3. Average term of lease/rental agreement: _____

Use of the Client's Vehicle

1. Do you ever use the client's vehicle when providing services on behalf of the business, or as part of your business operations? Yes No (If yes, please answer questions a through c below)

a. If so, how often? _____

b. Do you verify that the client carries and maintains minimum limits of \$100K on their personal automobile policy? Yes No

If no, do you confirm that they carry at least state minimum limits? Yes No

c. Do you verify that coverage under the client's personal auto policy will extend to your use of the vehicle while providing the agreed upon services? Yes No

By signing this application, the Applicant acknowledges, understands and agrees that they are representing all of their drivers proposed for coverage do not have:

- a. Any more than two moving violations within the past three years
- b. Any at-fault accidents within the past three years
- c. Any convictions of Driving Under the Influence (DUI), Reckless Driving, Driving While Intoxicated (DWI), Vehicular Manslaughter, Driving Dangerously, or any similar offense.

The applicant further acknowledges, understands, and agrees that coverage will be void and any policy issued to the Applicant will not extend to any losses, claims, accidents, or other matters attributable to or caused by any of its drivers who violate any of the above conditions.

Insured's Signature

Printed Name and Title

Date