



HIRED & NON-OWNED AUTO SUPPLEMENT

Policy Term from _____ to _____

This Supplement is part of the Application and will be relied upon by the Company as an integral part of the Application. Notify premium finance company of hired auto audit requirements.

	HIRED AUTO COVERAGE	YES	NO
1	Number of autos (as defined in the policy) to be scheduled on the policy:		
2	Gross Receipts: Past year: \$ _____ Estimate for coming year: \$ _____		
3	Describe type of operation:		
4	Type of Policy: Commercial Auto Trucker Public		
5	Annual cost incurred for hired autos: \$ _____		
	Is the insured involved in any arrangements for the borrowing or bartering for the use of autos?		
	If yes, explain.		
6	Does any agent, independent contractor, or employee lease autos in the insured's name?		
	If yes, explain.		
7	Does the insured utilize owner/operators, independent contractors, or subcontractors?		
	If yes, how many?		
	Are they under permanent lease to the insured?		
	Are they shown as scheduled autos on your application?		
	If no, is their cost included in the estimated cost of Question 5 above?		
8	Types of autos hired		
	What is the gross vehicle weight of commercial autos?		
	What is the passenger capacity of public autos?		
9	What is the average term of lease?		
10	Are the same autos leased or does it vary? Same Autos Varies		
11	If the same, explain why the autos cannot be scheduled on the policy.		
12	What percentage of the hired autos' revenue is paid to owners of the hired autos? _____%		
13	Are drivers to be provided by the insured to operate hired autos?		
	If no, will the drivers be required to provide Certificates of Insurance?		
	What are the minimum liability limits required by the lessee (named insured)?		
14	Will the insured be named as an additional insured on the lessor's policy?		

HIRED AUTO COVERAGE (cont.)		YES	NO
15	Does the insured lease, hire, rent, or borrow any auto, other than a private passenger type auto, owned or leased by the insured's employees, partners, or members of their household? If yes, give details and how many.		
16	Does the insured own or control any subsidiary or is it affiliated with any other corporation? If yes, are vehicles leased from that subsidiary or affiliate?		
17	What is the business of the subsidiary or affiliate?		
18	Are ICC or state regulatory filings required?		
19	Does the insured have an ICC broker's authority or provide a brokerage service?		
20	Does the insured understand that we intend to audit his records regarding the cost of hire?		
21	Is the premium financed?		
NON-OWNED AUTO COVERAGE This coverage not available unless written with primary auto liability including hired auto coverage.			
1	Why is non-ownership liability coverage being requested?		
2	What types of non-owned autos will be in the insured's business? How will they be used?		
3	What is the maximum distance which a non-owned auto may be driven from the insured's premises? _____miles		
4	Total number of non-owned autos used in the insured's business?		
5	Total number of employees?		
6	If a social service operation, indicate total number of volunteers furnishing autos in the insured's operation: Maximum number of volunteers at any one time:		
7	How often are non-owned autos used in the insured's business? Daily Weekly Monthly Estimate number of hours used per month:		
8	Do your employees lease autos on the insured's behalf? If yes, under whose name are autos leased? Employees Insured		
9	What is the estimated annual mileage for use of all non-owned autos? _____ miles		
10	Do you require employees to have their own insurance? If yes, what are the minimum limits required? Do you require evidence of insurance?		
11	Will you use non-owned autos other than those owned by your employee? If yes, describe relationship.		

_____ Date

_____ Completed by Insured (signature)