Name of Applicant: Agent Name: D/B/A:

Street Address: Address:



**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.

Are owner operators scheduled on the 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:

14. **Do you arrange or dispatch loads for others, not including your own hired truckers?** ................... Yes No please explain:

|  |  |  |
| --- | --- | --- |
| 15. **Do you have brokerage authority?** ........................................................................................................ | 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 |

**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:

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

DATE:

SIGNATURE OF INSURED: DATE: