



**SUPPLEMENT FOR HIRED AND NON-OWNED AUTOMOBILE LIABILITY**

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: \_\_\_\_\_

2. Limits of Liability: Indicate the limit of liability requested:

Per Occurrence/Aggregate for Policy Period

\$ 100,000 / \$ 100,000

\$ 250,000 / \$ 250,000

\$ 500,000 / \$ 500,000

\$1,000,000 / \$1,000,000

Other: \_\_\_\_\_

THE COMPANY DOES NOT GUARANTEE TO OFFER ANY OF THE ABOVE LIMITS.

3. (a) Number of autos owned by the Applicant: \_\_\_\_\_

(b) Number of autos leased or rented by the Applicant for a period of 180 days or more: \_\_\_\_\_

NOTE: NO COVERAGE WILL BE AFFORDED HEREUNDER FOR ANY SUCH AUTOS.

4. (a) Average number of automobiles the Applicant annually leases, hires, rents or borrows: \_\_\_\_\_

(b) Average number of non-owned automobiles used in the Applicant's business annually: \_\_\_\_\_

(c) Indicate the state(s) in which the Applicant operates Hired and/or Non-Owned Automobiles and the approximate percentage of the Applicant's operations in each state.

State	Percent	State	Percent	State	Percent
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %

5. How many principals, employees and volunteers regularly drive their own or a non-owned automobile on behalf of the Applicant's business? \_\_\_\_\_

6. Do principals, employees or volunteers lease, hire, rent or borrow automobiles on behalf of the Applicant? .....  Yes  No

(a) If Yes, for what purpose are automobiles leased, hired, rented or borrowed? \_\_\_\_\_

7. Will non-owned, leased, hired, rented or borrowed automobiles be used for transporting patients, clients or residents?.....  Yes  No

(a) If Yes, provide the number of patient, client or resident transports annually: \_\_\_\_\_

8. Provide the types of non-owned, leased, hired, rented or borrowed automobiles that are used in the Applicant's business. \_\_\_\_\_

9. Does the Applicant review MVRs annually for all principals, employees and volunteers who drive non-owned, leased, hired, rented or borrowed automobiles on behalf of the Applicant's business?.....  Yes  No

10. Does the Applicant warrant that only those drivers who meet all the following conditions will be allowed to drive on behalf of the Applicant's business?.....  Yes  No

(a) No more than two (2) moving violations within the past three (3) years; and

(b) No at-fault accidents within the past three (3) years; and

(c) No convictions of Driving Under the Influence (DUI), Driving While Intoxicated (DWI), vehicular manslaughter, driving dangerously or reckless driving or similar type of offense.

11. Are principals, employees or volunteers who drive non-owned, leased, hired, rented or borrowed automobiles on behalf of the Applicant's business required to carry their own Automobile Liability Insurance? ..... [ ] Yes [ ] No

12. Does the Applicant require:

- (a) The minimum financial responsibility limits of liability for each driver's state of residence?..... [ ] Yes [ ] No
- (b) A minimum of \$100,000/\$300,000 limits of liability for each driver? ..... [ ] Yes [ ] No
- (c) Certificates of insurance for each driver? ..... [ ] Yes [ ] No
  - (i) If Yes, are certificates of insurance updated every six (6) months? ..... [ ] Yes [ ] No

13. Does the Applicant carry Commercial Automobile Liability? ..... [ ] Yes [ ] No

(a) If No, check here. [ ]

(b) If Yes, provide the following:

Insurance Company	Limits of Liability	Retention/ Deductible	Inception/Expiration Dates (MM/DD/YYYY)
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14. Has any application for similar insurance made on behalf of the Applicant, its predecessors, subsidiaries, affiliates, and/or for any other person(s) or organization(s) proposed for this insurance ever been declined, cancelled or nonrenewed? ..... [ ] Yes [ ] No

(a) If Yes, provide details. \_\_\_\_\_

15. Has any claim for Automobile Liability in the course of the Applicant's business been made against any person(s) or organization(s) proposed for this insurance during the last five (5) years?..... [ ] Yes [ ] No

Date of Occurrence	Date Claim Made	Description of Loss	Amount of Loss Reserved	Amount of Expenses Paid	Amount of Loss Reserved	Amount of Expenses Reserved	Open (O) or Closed (C)
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16. Is the Applicant and/or any of its principals, employees or volunteers or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, situation or incident which might afford grounds for any claim such as would fall under the proposed insurance? ..... [ ] Yes [ ] No

(a) If Yes, provide details. \_\_\_\_\_

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Notice to Applicants operating in Wisconsin: Underinsured Motorists Coverage is not available with this supplemental coverage offer.