



HIRED & NON-OWNED AUTO SUPPLEMENTAL

350 10th Avenue, Suite 1450 | San Diego, CA 92101
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TO BE COMPLETED IN ADDITION TO THE COMMERCIAL AUTO APPLICATION

Applicant Name: _____

HIRED AUTO INFORMATION

1. Description of Operations: _____
2. Gross receipts last year _____ Estimate for coming year _____
3. Type of Policy: Commercial Auto Trucking Public
4. Current year cost of hire: \$ _____ Projected cost of hire: \$ _____
5. Do any of your agents, independent contractors or employees lease autos in your name? Yes No
If yes, explain: _____
6. Does the Applicant utilize any owner/operators, independent contractors, or subcontractors? Yes No
If yes, how many? _____ Are they under permanent lease to the Applicant? Yes No
Are they shown as scheduled vehicles on your application? Yes No
If no, is their cost of hire included in the projected cost of hire in question 4 above? Yes No
7. What type of autos do you lease, hire, rent or borrow? Truck-Tractors _____% Trailers _____%
Heavy & Extra Heavy Trucks _____% Pickup trucks & Vans _____% PPT's _____%
Public Livery (9 passengers or less) _____% Public Livery (10 passengers or more) _____%
8. What is the average term of the lease? _____
9. Do you lease the same autos or does it vary? Same Varies
If you lease the autos 30 days or more, explain why they cannot be scheduled on the policy: _____
10. What percentage of the hired autos' revenue is paid to owners of the hired autos? _____%
11. Do you provide drivers for the hired autos? Yes No
12. Do you provide the insurance on hired autos? Yes No
If no, do you require a certificate of insurance & an Additional Insured endorsement? Yes No
If no, what are the minimum limits of insurance you require? _____
13. Is Hired Auto Physical Damage coverage desired? Yes No
If yes, average value of auto hired? _____
14. Does the Applicant own or control any subsidiary or is it affiliated with any other corporation? Yes No
If yes, please list name of the subsidiary or affiliate: _____
If yes, are vehicles leased or borrowed from those subsidiaries or affiliates? Yes No
15. Does the Applicant have motor carrier brokerage authority? Yes No
If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No
What is your motor carrier brokerage number? _____
16. Do you understand we may audit your records for Non-Owned auto exposure, which might result in an additional premium? Yes No

NON-OWNED AUTO INFORMATION

17. Why is non-ownership liability being requested? _____

18. What types of non-owned autos will be used in your business? _____

Total number of non-owned autos used: _____

How will they be used? _____

19. 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: _____

20. 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

21. Will you use non-owned autos other than those owned by employees? Yes No

If yes, describe relationship: _____

22. Total number of employees: _____ Total number of officers and partners: _____

23. If a social service operation, indicate total number of volunteers furnishing autos in your operation: _____

Maximum number of volunteers at any one time: _____

How will they use their vehicles? _____

24. Are Volunteers required to have their own insurance? Yes No

25. Do you understand we may audit your records for Non-Owned auto exposure, which might result

In an additional premium? Yes No

The completion of this application creates no express or implied obligation on the part of the company or its' manager to offer a quotation or provide insurance.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

Signature of Insured

Date

Signature of Producer

Date

By signing this supplemental you are representing that you have reviewed this application with the insured and that the answers accurately reflect the insured's operations.