



**SUPPLEMENTAL QUESTIONNAIRE
Non-Owned Auto Coverage**

Complete if non-owned auto coverage is desired.

- 1. Why is non-ownership liability coverage being requested? _____

- 2. What types of non-owned auto will be used 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

Estimated number of hours per month: _____

- 8. Do your employees lease autos on insured's behalf?
 Yes No

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?
 Yes No

If yes, what are the minimum limits required?

Do you require evidence of insurance?
 Yes No

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

If yes, describe relationship: _____

This form MUST be signed by the insured.

Insured's Signature

Date



SUPPLEMENTAL QUESTIONNAIRE
Hired Auto Coverage

Complete if hired auto coverage is desired.

1. Why is hired auto coverage being requested?

Two blank lines for text entry.

2. Type of autos hired:

Two blank lines for text entry.

What is gross vehicle weight of commercial autos?

What is passenger capacity of public autos?

3. What is the average term of lease?

4. Are the same autos leased or does it vary?

Two checkboxes: Same autos, Varies

5. Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant's employees, partners or members of their household?

Two checkboxes: Yes, No

If yes, give details and how many:

Two blank lines for text entry.

6. Does any agent, independent contractor, or employee lease autos in the applicant's name?

Two checkboxes: Yes, No

If yes, explain:

Two blank lines for text entry.

7. Estimated cost of hired autos:

This year: \$ Last year: \$

Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos?

Two checkboxes: Yes, No

If yes, explain:

Two blank lines for text entry.

8. Are drivers to be provided by the applicant to operate hired autos?

Two checkboxes: Yes, No

If no, will the drivers be required to provide Certificates of Insurance?

Two checkboxes: Yes, No

What are the minimum liability limits required by the lessee (applicant)?

9. Will the applicant be named as an additional insured on the lessor's policy?

Two checkboxes: Yes, No

10. Does the applicant own or control any subsidiary or is it affiliated with any other corporation?

11. What is the business of the subsidiary or affiliate?

Two blank lines for text entry.

12. Does the applicant have an ICC broker's authority or provide a brokerage service?

Two checkboxes: Yes, No

This form MUST be signed by the insured.

Insured's Signature

Date