



**HIRED AND NON-OWNED SUPPLEMENTAL APPLICATION**  
**(Must be completed even if coverages are requested on "If Any" basis.)**

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

**Hired Auto Section**

1. Why is hired auto coverage being requested? \_\_\_\_\_  
\_\_\_\_\_
2. Estimated cost of hired autos:  
Current Year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_ Is the insured involved in any  
arrangements for borrowing or bartering for the use of autos?  Yes  No If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does any agent, independent contractor or employee lease autos in the insured's name?  Yes  No If yes,  
explain: \_\_\_\_\_
4. Type of auto/vehicle hired? \_\_\_\_\_  
What is the GVW of commercial vehicles hired or leased? \_\_\_\_\_  
Are the same vehicles leased or does it vary? \_\_\_\_\_  
If the same, explain why the autos cannot be scheduled on the policy: \_\_\_\_\_  
\_\_\_\_\_
5. What is the average term of rental/lease? \_\_\_\_\_
6. Is there a written lease/rental agreement?  Yes  No If yes, attach a copy.
7. Do you own or control any subsidiary or are you affiliated with any other corporation?  Yes  No If yes,  
are vehicles leased from the subsidiary or affiliate?  Yes  No What is the business of the subsidiary or  
affiliate? \_\_\_\_\_
8. Do you lease, hire, rent, borrow any vehicle (other than a private passenger type) owned or leased by your  
employees, partners or members of their household?  Yes  No I yes, provide details: \_\_\_\_\_  
\_\_\_\_\_
9. Do you have an ICC broker's authority or provide a brokerage service?  Yes  No
10. Do you understand that we will audit your records regarding the cost of hire?  Yes  No

**(This supplemental application must be signed by the applicant. Please see Page 2)**

## **Non-Owned Section**

1. Why is non-ownership liability coverage being requested? \_\_\_\_\_  
\_\_\_\_\_
2. What types of non-owned autos will be used in your business? \_\_\_\_\_  
\_\_\_\_\_
3. How will the non-owned autos be used? \_\_\_\_\_  
\_\_\_\_\_
4. What is the maximum distance which a non-owned auto may be driven? \_\_\_\_\_ miles
5. Total number of non-owned autos used in your business: \_\_\_\_\_
6. Total number of employees: \_\_\_\_\_
7. If a social service operation, indicated total number of volunteers furnishing autos in the insured's operation: \_\_\_\_\_  
Maximum number of volunteers at one time: \_\_\_\_\_
8. How often are non-owned autos used in your business?  Daily  Weekly  Monthly
9. Do your employees lease autos on insured's behalf?  Yes  No
10. Do you require employees to have their own insurance?  Yes  No
11. Will you utilize non-owned autos other than those owned by your employees?  Yes  No If yes, describe relationship: \_\_\_\_\_
12. If your operations include deliver (i.e. fast food, newspapers, couriers, etc.) what are the number of deliveries per employee per day? \_\_\_\_\_
13. Do you understand that we intend to audit your records regarding the non-owned exposures?  Yes  No

**(This supplemental application must be signed by the applicant)**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_