



SUPPLEMENTAL APPLICATION FOR: HIRED AND NON-OWNED AUTOMOBILE COVERAGE

(Required if the Applicant has selected either Symbol 8 or Symbol 9 on Acord Application 137)

Please complete **SECTION I** and **SECTION IV**, and **SECTION II** (if applying for Hired Auto Coverage) and **SECTION III** (if applying for Non-owned Auto coverage)

SECTION I - GENERAL INFORMATION

Name of Applicant:	FEIN:
Check here <input type="checkbox"/> if the Applicant is applying for Hired Auto Coverage (symbol 8).	
Check here <input type="checkbox"/> if the Applicant is applying for Non-owned Auto Coverage (symbol 9)	
Do you have any owned autos? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, prohibited and must be covered under a Commercial Auto policy.	

SECTION II - HIRED AUTO COVERAGE

1 a.	Why is Hired Auto coverage being requested?				
b.	Is coverage required by contract? Yes <input type="checkbox"/> No <input type="checkbox"/> (Provide a copy of the contract)				
2 a.	Do you lease, hire, rent or borrow any vehicles from others? Yes <input type="checkbox"/> No <input type="checkbox"/>				
b.	What is the average term of the lease?				
c.	Is there a written agreement? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Attach agreement and answer 2d.				
d.	Does the agreement have a "Hold Harmless" or Additional Insured clause in favor of the Applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>				
e.	What is your cost to lease, hire, rent or borrow vehicles?	<u>Estimate Cost for Coming Year</u>		<u>Last Years Cost</u>	
		With Drivers	\$	With Drivers	\$
		Without Drivers	\$	Without Drivers	\$
f.	How many autos are hired on average within a twelve (12) month period?				
g.	How many hired autos are in the insured's possession at any one time?				
3 a.	Do you hire independent contractors? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, answer 3.b&c				
b.	Do you require Certificates of Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>				
c.	Is there a written agreement? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach agreement				
4.	If owner operators are leased will they be scheduled on your policy? Yes <input type="checkbox"/> No <input type="checkbox"/>				
5.	Do you use sub-haulers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach Agreement and what is the cost of hire?				
6a.	Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer 6b-c				
b.	Will they be scheduled on the policy? Yes <input type="checkbox"/> No <input type="checkbox"/>				
c.	What is the average term of the lease?				
7.	Do you need Hired Auto Physical Damage coverage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, average value of Hired Auto \$				
8.	What type of vehicles do you lease, hire, rent or borrow?	Truck-Tractors	%	Pick-up trucks or vans	%
		Trailers	%	Private Passenger cars	%
		Heavy & Extra Heavy Trucks	%	Other	%
9.	Will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Explain				

10a.	Do you arrange / dispatch loads for others, i.e. not your own hired truckers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer 10.b		
b.	Are you named on the Bills of Lading? Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual number of Truckers?	Loads?
11a.	Do you have motor carrier brokerage authority? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer 11.b -		
b.	What is your motor carrier brokerage number?	Name that appears on the BOL as the carrier?	
c.	What is your brokerage revenue for::	Last 12 months: \$	Estimate for next 12 months: \$

SECTION III - NON-OWNED AUTO COVERAGE

1 a.	Why is non-ownership liability coverage being requested?		
b.	Is coverage required by contract? Yes <input type="checkbox"/> No <input type="checkbox"/> (Provide a copy of the contract)		
2.	What types of non-owned autos will be used in your business? Check all that apply:	Truck-Tractors	Pick-up trucks or vans
		Trailers	Private Passenger cars
		Heavy & Extra Heavy Trucks	Other
3.	Non-owned autos used: Daily Weekly Monthly	Estimated Annual Non-owned mileage	
4.	What are your total number of: Employees	Officers and Partners	
5a.	Do any employees use their autos in your business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer 5.b		
b.	What liability limits to you require they carry? \$	Do you require Evidence of Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.	Do you use non-owned autos other than those owned by employees? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Describe		
7a.	Do you use volunteers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? and answer 7.b.		
b.	What liability limits to you require they carry? \$	Do you require Evidence of Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.	Do you obtain motor vehicle records for all employees and volunteers? Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION IV – SIGNATURE(S)

BY SIGNING THIS SUPPLEMENTAL APPLICATION BELOW, THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE STATEMENTS MADE AND INFORMATION PROVIDED IN THIS SUPPLEMENTAL APPLICATION ARE TRUE, COMPLETE AND ACCURATE, AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED, MISSTATED, MISREPRESENTED OR CONCEALED AS OF THE DATE SUCH STATEMENTS AND INFORMATION ARE SUBMITTED TO THE COMPANY.

THE COMPLETION, SIGNING OR SUBMISSION OF THIS SUPPLEMENTAL APPLICATION DOES NOT BIND COVERAGE.

Applicant's Name	Applicants Title
Applicant Signature	Date

Attachments:

Hired Auto Written Agreements attached? Independent Contractor (or sub-hauler) Agreements attached?