

HIRED AND NON-OWNED AUTO SUPPLEMENT

Must be completed in full and signed by applicant

Applicant Name:		NOTIFY PREMIUM FINANCE COMPANY OF HIRED AUTO AUDIT REQUIREMENTS				
	HIRED AUTO COVERAGE					
☐ Contract Requirement Only with no hired autos in past 12 months and none anticipated for next 12 months (If checked, skip questions 1-11)						
1.	Annual cost incurred for hired autos: Last year:	Projected for this policy term:				
2.	Types of autos hired:	Gross Vehicle Weight:				
3.	What is the average term of lease?	How many times per year?				
4.	Are the same autos leased or does it vary? Same Vehicles	Varies				
	If the same, why are the autos not scheduled on the policy? _					
5.	Does applicant provide drivers to operate hired autos?		□Yes □No			
	If no, A. Will the drivers be required to provide Certificates of Insur	ance?				
			□Yes □No			
	B. What are the minimum Liability Limits required by the less	ee (applicant / named insured)?				
6.	Does applicant utilize owner operators, independent contractors,	or subcontractors?	□Yes □No			
	If yes,					
	A. How many are under long term lease (6 months or more) to applicant?					
	B. Are they shown as scheduled autos on your application of	r attached vehicle list?	□Yes □No			
	If no, is their cost included in the estimated cost of hired	d auto in question 1 above?	□Yes □No			
7.	Does any agent, independent contractor, or employee lease autos in applicant's name?		□Yes □No			
8.	Will applicant be named as an additional insured on the lessor's policy?		□Yes □No			
9.	Does applicant own or control any subsidiary or affiliated with any	other corporation?	□Yes □No			
	If yes,					
	A. What is the business of the subsidiary or affiliate?					
	B. Are autos leased, hired, rented, or borrowed from that su	ubsidiary or affiliate?	Yes □No			
	If yes, explain:	•				
10.	Does applicant lease, hire, rent or borrow any auto owned or leased by the applicant's employees,					
- • •	partners or members of their household?					
	If yes, give details with description of auto(s), and how many:					

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11.	Have there been any Hired Auto claims and / or incidents in the last 4 years?	☐Yes ☐No				
	If yes, give details:					
	NON-OWNED AUTO COVERAGE					
■Non-Owned Auto Coverage not requested - If checked, skip questions 12 -23						
12.	Why is Non-Ownership Liability coverage being requested?					
13.	Total number of non-owned autos used in the applicant's business?					
14.	Total number of employees?					
15.	What types of non-owned autos will be used in the applicant's business?					
16.	How will the non-owned auto be used?					
17.	How often are non-owned autos used in the applicant's business?					
18.	Do employees of applicant lease vehicles on insured's behalf?	□Yes □No				
	If yes, under whose name are autos leased? ☐Employees ☐Applicants					
19.	What is the estimated annual mileage for use of all non-owned autos? Miles:	_				
20.	What is the maximum distance which a non-owned auto may be driven from applicants premises?	miles.				
21.	Will applicant use non-owned autos other than those owned by their employees?	□Yes □No				
	If yes, describe relationship:					
22.	Are all employees who may operate non-owned autos listed as drivers on the application?	□Yes □No				
23.	Have there been any Non-Owned Auto Liability claims and / or incidents in the last 4 years?	□Yes □No				
	If yes, give details:					
APPLICANT AGREEMENT AND SIGNATURE						
This supplement is a part of the Maxum Casualty Application (A002) and will be relied upon by the Company as an integral part of the application. All Notices and Insured Agreements listed and acknowledged by you on the application also apply to information provided in this supplement.						
I understand that Maxum Casualty Insurance Company intends to audit applicant's records regarding the cost of hire and / or non-owned exposures.						
Print Name Title						
Sig	gnature of Applicant Date					

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