

- ☐ Interstate Fire and Casualty Company  
☐ Chicago Insurance Company  
☐ Interstate Indemnity Company  
☐ Fireman's Fund County Mutual Insurance Company

## Supplemental Questionnaire Non-Owned Auto Coverage

**Complete if Non-Owned Auto exposure is greater than an 'if any' basis or if requesting stand-alone coverage.**

1. Why is non-ownership liability coverage being requested? \_\_\_\_\_  
\_\_\_\_\_
2. What type of non-owned autos 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/rent autos on insured's behalf? ☐ Yes ☐ No  
If yes, under whose name are autos leased/rented? ☐ Employee's ☐ Insured's
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature/Title \_\_\_\_\_

Date \_\_\_\_\_