



SUPPLEMENTAL QUESTIONNAIRE Hired Auto Coverage

Complete if hired auto coverage is desired.

1. Does applicant own any commercial vehicles?.....☐ Yes ☐ No
Number of employees: _____ Web site address: _____
2. Why is hired auto coverage being requested? _____

3. Number of hired autos: _____
4. Types of autos hired: _____
How are they used? _____
What is gross vehicle weight of commercial autos? _____
What is passenger capability of public autos? _____
5. What is the average term of lease? _____
6. What is the maximum distance in which a hired auto may be driven from the premises? _____
7. 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?.....☐ Yes ☐ No
If yes, give details and how many: _____

8. Does any agent, independent contractor, or employee lease autos in the applicant's name?.....☐ Yes ☐ No
If yes, explain: _____

9. At any time will you subcontract out work?☐ Yes ☐ No
If yes, what work is subcontracted? _____

Cost to subcontract: _____
10. 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?.....☐ Yes ☐ No
If yes, explain: _____

11. What percentage of the hired autos' revenue is paid to owners of the autos? _____ %
12. Are drivers to be provided by the applicant to operate hired autos?.....☐ Yes ☐ No
If no, will the drivers be required to provide Certificates of Insurance?.....☐ Yes ☐ No
What are the minimum liability limits required by the lessee (applicant)? _____
13. Will the applicant be named as an additional insured on the lessor's policy?.....☐ Yes ☐ No
14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation?.....☐ Yes ☐ No
If yes, are vehicles leased from the subsidiary or affiliate? _____

15. What is the business of the subsidiary or affiliate? _____
16. Does the applicant have an ICC broker's authority or provide a brokerage service? ☐ Yes ☐ No
17. Has applicant had any hired auto losses in the past? ☐ Yes ☐ No

Applicant's Signature: _____ Date: _____

SUPPLEMENTAL QUESTIONNAIRE

Non-Owned Auto Coverage

1. Does applicant own any commercial vehicles? ☐ Yes ☐ No
Web site address: _____
2. Why is non-ownership liability coverage being requested? _____

3. What types of non-owned autos will be used in the applicant's business? _____

How will they be used? _____

4. How often are non-owned autos used in the applicant's business? ☐ Daily ☐ Weekly ☐ Monthly
Estimated number of hours per month: _____
5. What is the estimated annual mileage for use of all non-owned autos? _____ miles
6. What is the maximum distance which a non-owned auto may be driven from the applicant's premises? _____ miles
7. Total number of non-owned autos used in the applicant's business: _____
8. Total number of employees: _____
9. Total number of officers and partners: _____
10. If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation: _____
Maximum number of volunteers at any one time: _____
11. Do employees lease autos on the applicant's behalf? ☐ Yes ☐ No
If yes, under whose name are autos leased? ☐ Employees ☐ Applicant
12. Does the applicant require employees and volunteers to have their own insurance? ☐ Yes ☐ No
If yes, what are the minimum limits required? _____
Does the applicant require evidence of insurance? ☐ Yes ☐ No
13. Will the applicant use non-owned autos other than those owned by employees? ☐ Yes ☐ No
If yes, describe relationship: _____

14. Does the applicant obtain motor vehicle records for all drivers? ☐ Yes ☐ No
15. Has applicant had any non-owned auto losses in the past? ☐ Yes ☐ No

Applicant's Signature: _____ Date: _____