



# HIRED & NON-OWNED SUPPLEMENTAL

INSURED: \_\_\_\_\_

POLICY #: \_\_\_\_\_

		YES	NO
<b>HIRED AUTOMOBILE</b>		EXPOSURE PRESENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (PLEASE COMPLETE)	
1. Estimated cost of hired autos: \$ _____ Do you barter or borrow for the use of autos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do any of your agents, independent contractors, or employees lease autos in your name? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Types of autos hired:			
4. What is the gross vehicle weight of hired commercial autos?			
5. What percentage of the hired autos' revenue is paid to owners of the hired autos? _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you provide drivers to operate hired autos? If no, will the drivers be required to provide a Certificate of Insurance? What are the minimum liability limits required by the lessee (you)? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a written lease agreement? If yes, please attach a copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will you be named as an additional insured on the lessor's policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you lease, hire, rent or borrow any auto (other than private passenger type auto) owned or leased by your employees, partners or members of their household? If yes, give details and how many.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you own or control any subsidiary or are you affiliated with any other corporation? If yes, what is the business of the affiliate or subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have an ICC broker's authority to provide a brokerage service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are ICC or state regulatory filings required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you understand that we intend to audit your records regarding the cost of hire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO
<b>NON-OWNED AUTOMOBILE</b>		EXPOSURE PRESENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (PLEASE COMPLETE)	
1. What types of non-owned autos will be used in your business?			
2. How will these autos be used?			
3. What is the maximum distance that a non-owned auto may be driven from you premises? _____ miles.			
4. Total number of non-owned autos used in your business?			
5. What is the average number of employees that you have at any one time?			
6. How often are non-owned autos used in your business? Daily: _____ Weekly: _____ Monthly: _____			
7. Do your employees lease autos on your behalf? If yes, under whose name are the autos leased? Employee? _____ Insured? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you require employees to have their own insurance? Do you require evidence of insurance? If yes, what are the minimum limits required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will you use non-owned autos other than those owned by your employees? If yes, describe relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If your operations include delivery (i.e. fast food, couriers, newspapers, drive away contractors) what are the # of deliveries per employee, per day? _____ Gross receipts from delivery operations? \$ _____ Maximum # of employees per day using non-owned autos?			
11. If a social service operation, indicate the average number of volunteers furnishing autos in your operation: _____ Maximum number of volunteers at any one time?			

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date