



**DEEP
SOUTH**

HIRED & NON-OWNED SUPPLEMENTAL

POLICY #: _____ INSURED: _____

Please complete if hired exposure is present:

1. Estimated cost of hired autos: _____. Do you barter or borrow for the use of autos? Yes No
2. Do any of your agents, independent contractors, or employees lease autos in your name? Yes No
If yes, explain: _____
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? _____%
6. Do you provide drivers to operate hired autos? Yes No
If no, will the drivers be required to provide a Certificate of Insurance? Yes No
What are the minimum liability limits required by the lessee (you)? _____
7. Is there a written lease agreement? If yes, please attach a copy. Yes No
8. Will you be named as an additional insured on the lessor's policy? Yes No
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? Yes No
If yes, give details and how many. _____
10. Do you own or control any subsidiary or are you affiliated with any other corporation? Yes No
If yes, what is the business of the affiliate or subsidiary? _____
11. Do you have an ICC broker's authority to provide a brokerage service? Yes No
12. Are ICC or state regulatory filings required? Yes No
13. Do you understand that we intend to audit your records regarding the cost of hire? Yes No

Please complete if non-owned exposure is present:

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. **Attach list of employee names and drivers license numbers for all employees with non-owned exposure.**
7. How often are non-owned autos used in your business? Daily _____ Weekly _____ Monthly _____
8. Do your employees lease autos on your behalf? Yes No
If yes, under whose name are the autos leased? Employee? _____ Insured? _____
8. 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
9. Will you use non-owned autos other than those owned by your employees? Yes No
If yes, describe relationship. _____
10. If your operations include delivery (i.e. fast food, couriers, newspapers, driveaway contractors) what are the number of deliveries per employee, per day? _____. Gross receipts from delivery ops? _____
Maximum number 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? _____