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: _____