

## Hired & Non-Owned Auto Liability Supplement

Named Insured	US DOT#	ICC# MC# or MX#
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### HIRED AUTO INFORMATION

1. Why is Hired Auto coverage being requested?

2. Do you lease, hire, rent or borrow any vehicles from others?  Yes  No
- a. What is the average term of the lease? \_\_\_\_\_
- b. Is there a written agreement?  Yes  No
- c. Does it include a Hold Harmless agreement and/or Additional Insured Clause?  Yes  No

**Please provide a copy of the agreement**

3. Do you hire independent contractors?  Yes  No
- a. If yes, do you require certificates of insurance?  Yes  No

**Please provide a copy of the contract.**

4. If owner-operators are leased, will they be scheduled on your policy?  Yes  No

**If yes, provide a copy of the agreement you use.**

5. Do you use sub-haulers?  Yes  No
- a. If yes, provide cost of hire: \$ \_\_\_\_\_

**Please provide a copy of the contract.**

6. Do you lease, hire, rent, or borrow any vehicles from others without drivers?  Yes  No
- a. Will they be scheduled on the policy?  Yes  No
- b. What is the average term of the lease? \_\_\_\_\_

7. What is your cost to lease, hire, rent or borrow vehicles?
- With Drivers: \$ \_\_\_\_\_ Without Drivers: \$ \_\_\_\_\_
- a. Estimated cost of hired autos:
- This Year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_

8. Is Hired Auto Physical Damage coverage desired?  Yes  No
- a. If yes, average value of auto hired: \$ \_\_\_\_\_

9. How many autos are hired on average within a twelve (12) month period? \_\_\_\_\_

10. How many hired autos are in the insured's possession at any one time? \_\_\_\_\_

11. What type of vehicles do you lease, hire, rent, or borrow?
- Truck-Tractors \_\_\_\_\_ % Trailers \_\_\_\_\_ % Private Passenger Cars \_\_\_\_\_ %
- Heavy and Extra Trucks \_\_\_\_\_ % Pickup Trucks or Vans \_\_\_\_\_ %

12. At any time will your employees, subcontractors, or owner-operators lease vehicles in your name?  Yes  No

a. If yes, explain: \_\_\_\_\_

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13. Do you arrange loads for others, not including your own hired truckers?  Yes  No
- a. If yes, explain: \_\_\_\_\_
- b. Are you named on the Bills of Lading?  Yes  No
- c. Annual number of Truckers: \_\_\_\_\_ Loads: \_\_\_\_\_
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14. Do you have motor carrier brokerage authority?  Yes  No
- a. If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation?  Yes  No
- b. What is your motor carrier brokerage number? \_\_\_\_\_
- c. Whose name appears on the bill of lading as the carrier? \_\_\_\_\_
- d. What is your brokerage revenue for the most recent twelve (12) months? \_\_\_\_\_
- e. Estimated next twelve (12) months: \_\_\_\_\_
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**NON-OWNED AUTO INFORMATION**

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1. Why is non-ownership liability coverage being requested?

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2. What types of non-owned autos will be used in your business? \_\_\_\_\_

a. Total number of non-owned autos used: \_\_\_\_\_ How will they be used? \_\_\_\_\_

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3. How often are non-owned autos used in your business?  Daily  Weekly  Monthly  Other: \_\_\_\_\_

a. Estimate the number of hours per month: \_\_\_\_\_

b. Estimated annual mileage for use of all non-owned autos: \_\_\_\_\_

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4. Do any employees use their autos in your business?  Yes  No

a. If yes, what limit of liability insurance are they required to maintain? \_\_\_\_\_

b. Do you require evidence of insurance?  Yes  No

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5. Will you use non-owned autos other than those owned by employees?  Yes  No

a. If yes, describe the relationship: \_\_\_\_\_

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6. Total number of employees: \_\_\_\_\_ Total number of officers and partners: \_\_\_\_\_

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7. If a social service operation, do you use the autos of volunteers?  Yes  No

a. Maximum number of volunteers at any one time: \_\_\_\_\_

b. How will they use their vehicles? \_\_\_\_\_

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8. Are volunteers required to have their own insurance?  Yes  No

a. Minimum limits required: \_\_\_\_\_

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9. Do you obtain motor vehicle records for all employees and volunteers?  Yes  No

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**Do you understand that we may audit your records for Hired & Non-Owned auto exposure, which might result in an additional premium?**  Yes  No

**I certify that the above information is true, based on Company Records.**

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(Printed Name)

(Title)

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(Signature)

(Date)