



HIRED & NON-OWNED AUTO LIABILITY COVERAGE SUPPLEMENTAL QUESTIONNAIRE

Applicants Instructions:

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Application must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS APPLICATION.
- Please include an ACORD application as part of this supplemental application.

1. Applicant Name: _____	
2. Do you have any owned vehicles separately insured on a commercial auto policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain why HNOA coverage is not included under that policy: _____	
3. Do you hire independent contractors? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain and provide copy of contract which shows the auto requirements for the independent contractors: _____	
4. What is your annual cost to lease, hire, rent or borrow vehicles? _____ with drivers _____ without drivers	
5. Do you hire/rent any autos for more than 30 consecutive days? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain: _____	
6. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors _____% Trailers _____% Heavy & Extra Heavy Trucks _____% Pick-up trucks or Vans _____% Private Passenger Cars _____%	
7. What types of non-owned autos will be used in your business? _____ How often are non-owned autos used? _____ Daily _____ Weekly _____ Monthly Total number of non-owned autos used _____ How will they be used _____ Do any employees use their autos in your business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what limit of liability insurance are they required to maintain? _____ Do you require evidence of insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you made sure there are no exclusions on their policy for use of vehicle for business purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Total number of employees _____ Total number of officers/partners: _____ Total number of employees using vehicles for business purposes _____	
9. Do you obtain motor vehicle (MVRs) for all employees and volunteers? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How often are they updated? _____ What is deemed unacceptable? _____ If unacceptable, what action is taken? _____	
10. Do you have a formal policy addressing acceptable use of rental and non-owned vehicles for company business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain: _____	
11. Have you had any past Hired and/or Non-owned Auto losses? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain: _____	

12. Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? Yes No
 If "Yes," please attach a detailed explanation.

FRAUD WARNINGS

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

AL, AR, DC, LA, MD, RI, WV – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CO – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FL, OK – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL only)

KY, PA – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

ME, TN, VA, WA – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may (ME only) include imprisonment, fines or a denial of insurance benefits.

NJ, NM – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OR – Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UT – Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURE

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

Signature of Applicant

Printed Name of Applicant

Title (Officer, Partner, etc.)

Date Signed

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO PRODUCE INSURANCE.