

CASUALTY HIRED AND NON-OWNED SUPPLEMENTAL APPLICATION

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

APPLICANT'S INFORMATION

1)

Named Insured:	
Policy Number:	
Effective Date:	
Website:	

GENERAL INFORMATION

2) Do you have any of the following business operations or services?

- | | |
|------------------------------|--|
| Manufacturing Representative | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sales Representative/Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Real Estate/Realtor | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Event Planning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rideshare/Taxi | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Delivery | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Catering | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trucking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Moving | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contracting or Construction | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Consulting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Valet | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transportation of Passengers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In-Home Healthcare Provider | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Security/Patrol | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Staffing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Courier | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fuel Brokerage | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fuel Transportation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Waste Removal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Logging | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Hauling | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3) Do you have any owned or leased autos?

If Yes, are they insured through a commercial auto policy?

Yes No

Yes No

4) For what purposes are you seeking Hired/Not Owned Automobile (HNOA) coverage?

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- 5) Number of employees: _____
- 6) How many people drive for or on behalf of your company? _____
- 7) Maximum number of drivers on the road at a given time: _____
- 8) Approximate miles driven per year per driver: _____
- 9) How frequently are HNOA vehicles used as part of your business operations?
 Daily Weekly Monthly Seldom Other _____
- 10) Are driver MVR's checked prior to hire? Yes No
- 11) Is there a formal driver and fleet safety program in effect? Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.



NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The 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 questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

