

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Website URL: \_\_\_\_\_ Years in business: \_\_\_\_\_

## SECTION 1. HIRED AUTO COVERAGE

Complete if hired auto coverage is desired.

1. Does applicant own any commercial vehicles?  Yes  No

Number of employees: \_\_\_\_\_

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 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

**SECTION 2. NON-OWNED AUTO COVERAGE**

- 1. Does applicant own any commercial vehicles?  Yes  No
- 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

**It is agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds the issuing carrier to effect insurance.**

\_\_\_\_\_  
Authorized signature of named insured

\_\_\_\_\_  
Date