



Application Instructions

Please complete this application in full and provide complete responses to all questions. Applications that are incomplete cannot be processed. Completion or submission of this application does not bind coverage, nor does it guarantee that any policy will be issued.

Your application is part of the policy

General Applicant Information

Name of Insured:

Address:

Primary Contact: Years in Business:

Insured Website: Effective Date Needed:

Prior Carrier: Expiring Premium:

(Copy of Expiring Policy Declarations to be submitted with application)

Requested Limit:

Coverage being requested (check all that apply):
Contract Only (needed only to satisfy a contract; no current driving exposure)
Non-Owned Auto (employees or volunteers using their own vehicles for the business)
Hired Auto - Contractors (independent contractors using their own vehicle for business)
Hired Auto - Rentals (the business rents or leases vehicles)
Additional limits over existing HNOA policy

Operations Overview

State(s) of Operation:

Description of Operations:

Number Of Employees: Number Of Emploeyss Using Personal Vehicles For Business

Do you own any auto that is used in your business? If so, how many?

Do employees transport clients, patients, or passengers?

Annual Sales

Prior Year	Upcoming Year

Annual Cost of Hire

Prior Year	Upcoming Year

**Hired Auto - Complete Only If Hired Auto Coverage Is Desired**

How will Hired Autos be used:

Business Trips

Regular Sales/Service Calls

Transportation of Persons

Transportation of Cargo

Other:

A) Independent Contractors

Please indicate the types and corresponding numbers of independent contractors:

Private Passenger	
Medium Trucks (10,001-20,000 lbs GVW)	
Truck-Tractors (>45,000 lbs GVW)	

Light Trucks (0-10,000 lbs GVW)	
Heavy Trucks (20,001-45,000 lbs GVW)	

What minimum liability limits are independent contractors required to carry?

Are independent contractors required to name Insured as Additional Insured?

B) Rentals / Leased Vehicles

Does the business rent or lease vehicles?

How many people drive rented/leased vehicles?

Estimated annual rental days

Estimated annual mileage on rented/leased vehicle:

What type of vehicles are rented or leased?

Private Passenger

Light Trucks (under 10,000 GVW)

Medium Trucks (10,001-20,000 GVW)

Heavy Trucks (20,001 - 45,000 GVW)

Please indicate the Supplemental Liability Insurance (SLI) limits purchased from rental company:

Non-Owned Auto - Complete Only If Non-Owned Coverage is Desired

How many people use their own vehicles for the business?

Employees

Volunteers

Total

Please indicate the types and corresponding numbers of Non-Owned Autos:

Private Passenger	
Medium Trucks (10,001-20,000 lbs GVW)	
Truck-Tractors (>45,000 lbs GVW)	

Light Trucks (0 - 10,000 lbs GVW)	
Heavy Trucks (20,001 - 45,000 lbs GVW)	

What minimum liability limits are these drivers required to carry on auto policies?

Are they required to carry business-use classification?

Are they required to add the Named Insured as Additional Insured?

How will Non-Owned Autos be used:

Errands/Incidentals

Normal Sales/Service Calls

Product Delivery

Transportation of Cargo

Transportation of Persons

Other

If Other, please explain:

Frequency of Non-Owned Autos use:

Daily

Weekly

Monthly

Other

Average trips/day

Maximum trips/day

Important Notice: Vehicles titled or registered to the Named Insured **are not eligible** for coverage under this



Driver & Risk Management Controls

Do you verify personal auto liability limits for all drivers?

Proof on insurance collected annually?

Do you obtain Motor Vehicle Reports (MVRs) for all drivers?
If yes, how frequent?

Do you have contracts with drivers? **If yes, provide copy**

Is there a written driver safety policy in place?

Is driver training provided?

Are vehicles required to be equipped with forward facing cameras?

Discount will apply for camera use

Have any claims involving hired or non-owned vehicles been made in the past five (5) years?

If yes, please complete the following for losses over \$25,000:

Date of Occurrence	Date Reported	Description	Amount Incurred	Open / Closed

Please provide 5 years loss runs with application

Applicant Certification

By signing below, the Applicant confirms understanding of and agreement with the above requirements and acknowledges that compliance is a condition precedent to coverage.

Signature Of Applicant	Title
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****The submission or execution of this application shall not constitute a binder of coverage, nor obligate either the applicant or the insurer to issue or accept insurance.***

Agency	Date
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Mandatory Participation & Driver Compliance Acknowledgement

Driver Eligibility & Motor Vehicle Records

All employees and independent contractors operating vehicles on behalf of the Applicant meet minimum driver eligibility standards, including:

No more than **one (1) moving violation** in the preceding **three (3) years**, and

No more than **one (1) major violation** during the same period.

Major violations include, but are not limited to: DUI/DWI, reckless driving, driving with a suspended or revoked license, refusal to submit to testing, felony vehicle offenses, racing, or driving 30 MPH or more over the posted speed limit.

A **Motor Vehicle Report (MVR)** is obtained and reviewed **prior to any driver beginning work**.

Driver Contracts & Insurance Requirements

Written driver agreements are maintained for all employees and independent contractors and include:

A requirement that drivers maintain their **own business automobile liability insurance**, and

A **hold harmless and indemnification clause** in favor of the Applicant.

Drivers are required to carry and provide proof of personal automobile liability insurance meeting at least the following limits:

Passenger Vehicles- Office Personnel Only for Incidentals

Minimum \$100,000 / \$300,000 split limits

Passenger Vehicles for Commercial Use

Minimum \$250,000/\$500,000 split limits or \$300,000 combined single limit (CSL)

Trucks for Commercial Use.

Light/Medium Trucks (0 - 20,000 GVW) - Minimum \$250,000 / \$500,000 split limits or \$300,000 CSL

Heavy Trucks (20,001 - 45,000 GVW) - Minimum \$500,000 CSL

Trucks over 45,000 GVW - Minimum \$1,000,000 CSL

Review of Insurance Documentation

Non-trucking or bobtail liability coverage is not acceptable.

Any driver identified with unacceptable coverage is **immediately suspended** and may not be reinstated until evidence of acceptable primary coverage is provided.

Prohibited Charges

The Applicant does **not** separately charge drivers for "auto insurance," acknowledging that this coverage protects the Applicant only and does not insure the driver.

Ongoing Insurance Tracking

The Applicant maintains an acceptable system to **track, collect, and update** drivers' automobile insurance declaration pages and to monitor ongoing compliance with required limits.

Minimum Self-Insured Retention (SIR) Acknowledgment

The Applicant acknowledges and agrees that this policy is subject to a **minimum Self-Insured Retention (SIR) of \$2,500 per occurrence, inclusive of defense costs**, unless otherwise stated in the policy declarations.

The Applicant is responsible for payment of the SIR and understands that the insurer has no obligation to respond until the SIR has been satisfied in accordance with policy terms.

Representations and Warranties

The Applicant represents and warrants that all statements, information, and documents provided in connection with this application are true, accurate, and complete. Any omission, suppression, or misrepresentation may render coverage **null and void** and entitle the insurer to **rescind the policy from inception**.



Fraud Warning

Notice to Applicants of all states except Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material 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 and denial of insurance benefits.

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 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 the 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 provision.

Notice to Oregon Applicants:

Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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 subjects such person to criminal and civil penalties.

Notice to Puerto Rico Applicants:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established by be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

Notice to Washington D.C. 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.

IMPORTANT NOTICE: failure to report any claim made against you during your current policy term, or facts, circumstances, or events, which may give rise to a claim against you to your current insurance company before expiration of your current policy term may create a lack of coverage.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to the policy.

This applicant declares that the information contained in this supplemental application is true and that no material facts have been suppressed or misstated. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the company is done so in reliance upon the truth of the applicant's representations. This application understands that incorrect information could void coverage.

Applicant Initials (Acknowledgement)

Date