Supplement for Hired & Non-Owned Coverage

1. Name of Applicant: _____

2. Desired Sub-Limits:

$100,000/$300,000	☐	$250,000/$250,000	☐
$250,000/$500,000	☐	$500,000/$500,000	☐
$1,000,000/$1,000,000	☐	$1,000,000/$2,000,000	☐
$1,000,000/$3,000,000	☐	Other: _____	

3. Does the applicant, their employees, contractors and/or volunteers transport patients?

Yes ☐ No ☐

If yes, please complete the following table:

	Number of Patient Transports
Actual for the past 12 months (adults only)	
Estimated for the next 12 months (adults only)	
Actual for the past 12 months (minors aged under 18 years old)	
Estimated for the next 12 months (minors aged under 18 years old)	

4. Has any hired & non-owned auto claim ever been made against the firm or any of its employees, contractors and/or volunteers, or is the applicant aware of any circumstances which may result in any claim?

Yes ☐ No ☐ If yes, please attach details.

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Supplement does not bind the undersigned to complete the insurance, but it is agreed that this Supplement shall be the basis of the contract should a Policy be issued, and that this Supplement will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Supplement, as they deem necessary.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)