 **Miscellaneous**

**HIRED & NON-OWNED AUTO APPLICATION**

**Agent:**

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| 1. **GENERAL INFORMATION**
 |
| 1. Applicant’s Name:
 |
| 1. Contact Person:       Phone Number:
 |
| 1. Street Address:
 |
| 1. City:       State:       Zip:
 |
| 1. Website Address:
 |
| 1. [ ]  Individual [ ]  Partnership [ ] Corporation [ ] LLC [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Policy Effective Date:
 |
| 1. Years operating in your current business name?
 |
| 1. Have you owned a similar business or had any change in ownership, management or name of your current business in the past 5 years: [ ]  Yes [ ]  No If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Is your business a subsidiary of another entity or does your business have any subsidiaries? [ ]  Yes [ ]  No

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Total number of locations to be scheduled on the policy:
 |
| 1. List the complete address for all locations to be scheduled on the policy:
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| 1. **COVERAGES REQUESTED**
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| [ ]  | Hired and Non-Owned Liability Limits: | [ ]  $100,000 [ ]  $300,000 [ ]  $500,000  |
|  |  | [ ]  $1,000,000 [ ]  $1,500,000 [ ]  $2,000,000  |

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| 1. **OPERATIONS**
 |
| 1. Describe ***completely*** how Hired & Non-Owned Autos are used?
 |
| 1. Number of drivers (Employed and Contracted)?        **MUST PROVIDE MVR’S OF ALL DRIVERS FOR A QUOTE**
 |
| 1. Do all drivers have 2 years driving experience? (Employed and Contracted)?
 |
| 1. Are your drivers on the road the entire work day? [ ]  Yes [ ]  No

If not, how many hours does each driver spend driving per day?       |
| 1. What is the minimum age of drivers?
 |
| 1. Do you ever provide transportation? [ ]  Yes [ ]  No If yes, please explain:
 |
| 1. Do you rent autos? [ ]  Yes [ ]  No If yes, what type?       How many days per year?
 |
| 1. What auto liability limits are the drivers required to maintain?
 |
| 1. What type of autos are used and how many?

 [ ]  Private Passenger How Many?        [ ]  Pick Ups/Vans How Many?        [ ]  Light Trucks How Many?        [ ]  Medium Trucks How Many?        [ ]  Heavy Trucks How Many?        [ ]  Extra Heavy Trucks How Many?        [ ]  Tractors How Many?         [ ]  Trailers How Many?        |
| 1. Do you have a Driver Safety Manual? [ ]  Yes [ ]  No If yes, please provide a copy.
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| ***D.*** | ***PRIOR AUTO INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.)*** |
| Policy Dates | Insurance Carrier | Policy # | Premium | \*Total Auto Liability Claims | Cancelled or Non-Renewed? (Reason) |
|       |       |       | $      | #   | $      |       |
|       |       |       | $      | #   | $      |       |
|       |       |       | $      | #   | $      |       |
|       |       |       | $      | #   | $      |       |
|       |       |       | $      | #   | $      |       |
| \*5 Years of loss runs are required, please attach. Please also describe any loss over $25,000: |
|       |
|       |

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| ***E.*** | ***AGREEMENTS AND SIGNATURES*** |
| **APPLICANT:**  I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. THIS APPLICATION ALONE DOES NOT BIND COVERAGE. |
| **FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.****(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED $5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)** |

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| ***F.*** | ***SPECIAL COVERAGE RESTRICTION*** |
| I have read endorsement **SPECIAL RESTRICTIONS AND EXCLUSIONS** and agree to its terms as a condition of the policy being issued by the company. I understand that coverage for a claim may be denied if we do not adhere to any of the terms of **SPECIAL RESTRICTIONS AND EXCLUSIONS**. |
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| Applicant's Signature |  |  | Producer’s Signature |  |
|  |
| Date |       |  | Date |       |
|  |