

RLI – Supplemental Questionnaire – New Business HNOA

For RLI to be able to competitively price and underwrite this account we will need the following information.

First Named Insured: _____ Today's Date: _____

Do you own or control any other subsidiary or are you affiliated with any other entity? Yes No N/A

If yes, provide list. _____

What state(s) do you normally operate in? _____

Number of years the entity has been under the current management? _____

What was the average number of employees and volunteers over the last 4 years and respective mileage reimbursement?

Year	# of Employees	#of Volunteers	
Current Year	_____	_____	Estimated Annual Mileage Reimbursement _____
1 st Prior Year	_____	_____	Estimated Annual Mileage Reimbursement _____
2 nd Prior Year	_____	_____	Estimated Annual Mileage Reimbursement _____
3 rd Prior Year	_____	_____	Estimated Annual Mileage Reimbursement _____

What was the average number of independent contractors over the last 4 years?

Year	# of Independent Contractors
Current Year	_____
1 st Prior Year	_____
2 nd Prior Year	_____
3 rd Prior Year	_____

What was the average annual cost of hire over the last 4 years?

Year	Cost of Hire
Current Year	_____
1 st Prior Year	_____
2 nd Prior Year	_____
3 rd Prior Year	_____

What is the projected annual mileage reimbursement for the upcoming year? _____

What is the projected annual cost of hire for the upcoming year? _____

Has any company provided non-renewal of your insurance of last 5 years? Yes No N/A

If yes, please explain. _____

Have you ever filed bankruptcy or had bankruptcy proceedings initiated against you? Yes No N/A

If yes, please explain. _____

Do you have any owned or long term leased (greater than 1 year) vehicles? Yes No N/A

If yes, how many? _____

Any employees employed for less than 1 year? Yes No N/A

If yes, how many? _____

What is the current driver turnover percentage? _____

Hired And Non-Owned Automobile:

- 1. Estimated total number of employees, volunteers, or independent contractors that use their own vehicles for company business. (i.e. driving to client's locations, delivery, mail pickup, bank deposits or home health care)
 - a. Employees: _____
 - b. Volunteers: _____
 - c. Independent Contractors: _____
- 2. How often do employees, volunteers, or independent contractors use their own vehicles for company business? (i.e. daily, occasionally, never or N/A)
 - a. Employees: _____
 - b. Volunteers: _____
 - c. Independent Contractors: _____
- 3. Does the company require all employees, volunteers, or independent contractors who use their own vehicles for company business to carry personal auto insurance? Yes No N/A
What limits are required? _____
- 4. For those employees, volunteers, or independent contractors who use their own vehicles for company business, does the company obtain either certificates of insurance or a copy of the declarations page from the employees? Yes No N/A
Who maintains these records? _____
- 5. Is there a process or procedure in place that requires an employee, volunteer, or independent contractor to notify the company if their Personal Automobile Policy has lapsed or been cancelled? Yes No N/A
- 6. How many vehicles (cars, trucks or tractors) are hired, rented, or borrowed each year?
 - a. Short-term lease # (less than 6 months): _____
 - b. Short-term rental # (includes airport rentals): _____
- 7. Other than airport rentals, for what purpose are the hired/borrowed vehicles used? _____
- 8. Other than airport rentals, what is the average length of time these vehicles are hired/borrowed? _____
- 9. What is the total estimated cost for all rental vehicles during the most recent fiscal period? _____
 - a. Does the insured require their employees to purchase the rental agency insurance? Yes No N/A
 - b. Does the insured provide corporate credit cards that include rental car insurance? Yes No N/A
- 10. During the most recent year, how many of your employees provided home health care? _____
- 11. Do you have a visiting nurses program? Yes No N/A
If so, how many visitations occurred over the past year? _____
- 12. Do you pay employees who regularly use their own cars, on your business a set amount? (i.e. a car allowance) Yes No N/A
If so, what was the total amount paid to employees in the last fiscal?
 - a. Year: _____
 - b. Amount: _____
- 13. Are their particular states in which you "normally" hire, rent or borrow vehicles? Yes No N/A
If yes, provide list. _____

Independent Contractors Information:

- 1. Is there a signed contract in place with the independent contractors? Yes No N/A
 - If yes:
 - a. Can we get a copy of a sample contract? (please attach a copy) Yes No N/A
 - b. Does that contract require the independent contractors to provide a certificate of insurance? Yes No N/A
 - c. Does the contract require the independent contractors to carry a minimum automobile liability limit? Yes No N/A
If so, what limit? _____
 - d. Does the contract require the independent contractors to name our insured as an additional insured? Yes No N/A
 - e. Who is responsible for obtaining and monitoring these items? _____

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____

By _____ For _____
Name Title
(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

COLORADO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA, OKLAHOMA

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (Florida only)

KENTUCKY, PENNSYLVANIA

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.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON

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 (Maine only) include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY, NEW MEXICO

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK

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, 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 such violation.

OHIO

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

OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.