

HIRED AUTO INFORMATION

Named Insured: _____

Effective Date: _____ FEIN #: _____

1. Why is hired auto coverage being requested? _____

2. Does the trucking firm you hire, haul for others? Yes____ No____
If yes, indicate percentage and for whom: _____
3. Are any vehicles or equipment loaned, rented, or leased to others? Yes____ No____
4. Do you lease, hire, rent or borrow vehicles, for other than your primary hauling contract? Yes____ No____
Types of vehicles and the average term of the lease? _____
Is there a written agreement? If yes, provide a copy of the agreement. Yes____ No____
5. Does your lease agreement contain a Hold Harmless clause? (Please provide a copy) Yes____ No____
6. Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire? (Please provide a copy) Yes____ No____
7. Do you obtain certificates of insurance from the truckers you hire? Yes____ No____
(Certificates of insurance with limits of at least \$1,000,000 are required from your sub-haulers and hard copy verification is mandatory. Please provide a copy)
8. Does the trucking firm you hire have any sort of fleet safety management including hiring practices and MVR review? Yes____ No____
9. Are you aware of any current/previous losses with respect to both the trucking firm(s) for hire in association or relation to your operation? Yes____ No____
If yes, please describe: _____

10. Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes____ No____
Will they be scheduled on the policy? Yes____ No____
What is the average term of the lease? _____
11. What is your cost to lease, hire, rent or borrow vehicles? With drivers? _____ W/O drivers? _____
Estimated cost of hired autos: This year: _____ Last year? _____
12. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors _____% Trailers _____%
Heavy & Extra heavy Trucks _____% Pickup trucks or vans _____% Private Passenger cars _____%

NON-OWNED AUTO INFORMATION

13. At any time will your employees or subcontractors lease vehicles in your name? Yes___ No___
If yes, under whose name are the autos leased?
Employees name: _____
Your name: _____
Explain: _____
14. Why is non-ownership liability coverage being requested? _____
15. What types of non-owned autos will be used in your business? _____
Total number of non-owned autos used: _____ How will they be used? _____
16. How often are non-owned autos used in your business? ___Daily ___Weekly ___Monthly ___Other
Estimate the number of hours per month: _____
Estimate annual mileage for use of all non-owned autos: _____
17. Do any employees use their autos in your business? Yes___ No___
If yes, what limit of liability insurance are they required to maintain? _____
Do you require evidence of insurance? Yes___ No___
18. Will you use non-owned autos other than those owned by employees? Yes___ No___
If yes, describe the relationship _____
19. Total number of employees: _____ Total number of officers and partners: _____
20. Do you obtain motor vehicle records for all drivers? Yes___ No___
21. Do you understand that we may audit your records for Hired and Non-owned auto exposure, which might result in additional premium? Yes___ No___

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. 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 subjects such person to criminal and civil penalties.

Applicant Signature: _____ Date: _____

Agent/Producer Signature: _____ Date: _____