

## HIRED & NON-OWNED AUTO APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From:

12:01 A.M. Standard Time at  
the address of the Applicant

To:

Bankruptcy – Within the last 5 years, were there any pending or planned bankruptcies, or judgements for unpaid taxes against you, or your majority partner?

Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership?

Yes No

FEIN:

Website:

### DEFINITIONS

- √ **Hired Auto** means any auto you lease, hire, rent or borrow, but Hired Auto does not include any auto you lease, hire, rent or borrow from any of your employees, your partners or your executive officers, or members of their households.
- √ **Non-Owned Auto** means any auto you do not own, lease, hire, rent or borrow which is used in connection with your business, and includes autos owned by your employees, your partners or your executive officers, or members of their households, but only while used in your business or your personal affairs.
- √ Throughout this application, the word "you" refers to the Applicant shown above and all other persons and organizations applying for insurance under the questionnaire.

## SECTION I - GENERAL INFORMATION

- 1) Do you own any auto that is used in your business? Yes No
- 2) Do you lease any auto that is used in your business under a lease contract/agreement with a term over 30 days? Yes No
- 3) With respect to Hired Autos and Non-Owned Autos, confirm the following Driver Safety Protocols are followed:
  - a. Obtain and verify valid drivers license on all drivers at least annually? Yes No
  - b. Obtain and verify Auto Liability insurance on all autos at least annually? Yes No
  - c. Obtain and review MVR's on all drivers at least annually? Yes No
  - d. Prohibit drivers from operating autos if:
    - i. Unlicensed or license is suspended or revoked? Yes No
    - ii. More than two moving violations and/or accidents during the most recent three-year period? Yes No

- iii. Any violations during the most recent three-year period involving DUI/DWI, leaving the scene of an accident, fleeing or eluding police, vehicular manslaughter or homicide, assault through the use of a motor vehicle, or any other felony driving conviction? Yes    No
- 4) Has any Hired Auto or Non-Owned Auto Liability claim or suit been made or brought against you in the past five years? Yes    No
- If Yes, provide details:
- 5) Are you aware of any incident or circumstance that could reasonably be expected to become a Hired Auto or Non-Owned Auto Liability claim or suit that has not been reported to an insurance company? Yes    No
- If Yes, provide details:

## SECTION II – COMPLETE THE FOLLOWING SECTION ONLY IF HIRED AUTO COVERAGE IS DESIRED

- 6) Indicate the types and corresponding numbers of Hired Autos:
- |                    |                      |      |        |
|--------------------|----------------------|------|--------|
| Private Passenger: | Multi-Passenger Van: | Bus: | Truck: |
|--------------------|----------------------|------|--------|
- 7) Indicate the estimated annual cost of Hired Autos: \$
- 8) Indicate how Hired Autos will be used:
- |                         |                             |                           |
|-------------------------|-----------------------------|---------------------------|
| Business Trips          | Regular Sales/Service Calls | Transportation of Persons |
| Transportation of Cargo | Other:                      |                           |
- 9) With respect to Hired Autos you lease from others, indicate:
- Average term of all leases:
- Maximum term of any lease:

## SECTION III – COMPLETE THE FOLLOWING SECTION ONLY IF NON-OWNED AUTO COVERAGE IS DESIRED

- 10) Indicate the types and corresponding numbers of Non-Owned Autos:
- |                    |                      |      |        |
|--------------------|----------------------|------|--------|
| Private Passenger: | Multi-Passenger Van: | Bus: | Truck: |
|--------------------|----------------------|------|--------|
- 11) Indicate the types and corresponding numbers of owners of Non-Owned Autos:
- |            |           |                     |             |
|------------|-----------|---------------------|-------------|
| Employees: | Partners: | Executive Officers: | Volunteers: |
| Other:     |           |                     |             |
- If Other, provide details:
- 12) Indicate how Non-Owned Autos will be used:
- |                         |                             |                  |                           |
|-------------------------|-----------------------------|------------------|---------------------------|
| Errands                 | Regular Sales/Service Calls | Product Delivery | Transportation of Persons |
| Transportation of Cargo | Other:                      |                  |                           |
- If Other, provide details:

13) Indicate the maximum distance a Non-Owned Auto may be driven from the location shown above:

Less than 10 Miles      More than 10 Miles

14) Indicate how frequently the Non-Owned Auto will be used:

Daily      Weekly      Monthly      Other:

If daily, indicate:

Average number of trips per day:

Maximum number of trips per day:

15) Do you require all employees, partners, executive officers and volunteers to maintain their own Auto Liability insurance?

Yes      No

If Yes, indicate the minimum limits required:

\$

16) Do you require and maintain evidence of the insurance?

Yes      No

## **Fraud Notices**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO:** 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.

**Applicable in FL and OK:** 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)\*. \* Applies in FL only.

**Applicable in KS:** Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** 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)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** 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 fact may be violating state law.

**Applicable in PR:** 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 may 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.

**Applicable in all other States:** 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

**Other State Notices**

**Applicable in RI:** THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

**If you prefer not to return the questionnaire with an electronic signature, please print and sign.**