

**Owned Auto, Hired Auto, & Non-Owned Auto Liability  
Supplemental Application**

Applicant Name: \_\_\_\_\_

**General Information**

1. Is there an auto policy in force in the name of the applicant? Yes    No
2. Prior to approving any employee to use: their personal auto, an owned auto or hire an auto, do you review their MVR (Motor Vehicle Record), including any out of state license? Yes    No
3. Are MVR's reviewed annually for any employee renting or using their own vehicles for business purposes? Yes    No
4. Do you have guidelines for acceptable drivers? Yes    No
5. Please detail criteria used to determine acceptable/unacceptable driving records:
  
6. Do you preclude drivers with any major violations or frequent citations or accidents from driving their own or hired auto in the course of their employment duties? Yes    No
7. Explain how you handle employees with unacceptable driving records (remove driving privileges, written warning, probationary period, etc.)

**Owned Autos** - Check box if not applicable

1. Are any autos titled to the applicant? Yes    No
2. Does the applicant lease autos on a long-term basis? Yes    No
3. Do your employee's lease autos on your behalf? Yes    No  
If yes, under whose name are the autos leased? Employee    Insured
4. Do you have a formal safety program in place? Yes    No
5. Do your employees take company vehicles home in the evening? Yes    No
6. Does the insured have a Vehicle maintenance plan in place to address the following equipment?  
Brakes    Steering    Tires    Electrical    Drivability
7. What is the applicant's policy regarding personal and family use of company vehicles? Describe:

**Hired Autos** - Check box if not applicable

1. Does the applicant rent (hire) autos on a short-term basis? Yes    No
2. Estimated rental cost    Current year \_\_\_\_\_    Last Year \_\_\_\_\_
3. Types of autos rented?

**Non-Owned Autos** - Check box if not applicable

1. How many employees use their own auto during the course of performing their employment duties? \_\_\_\_\_
2. What types of non-owned autos will be used in the insured's business?

How will they be used?

3. Maximum distance (miles) that a non-owned auto may be driven from the insured's premises
4. How often are non-owned autos used in the insured's business?  
Daily    Weekly    Monthly    Estimate number of miles per month \_\_\_\_\_
5. Do you require employees to have their own insurance? Yes    No  
If yes, what are minimum limits required? \_\_\_\_\_
6. Will you use non-owned autos other than those owned by your employees? Yes    No  
If yes, describe relationship to owner:

**Litigation and Claim Information**

Does the applicant and/or any of its directors, officers and/or employees, or its predecessors, subsidiaries, affiliates, and employees have knowledge of any occurrence, bodily injury, property damage, act, error or omission which might reasonably be expected to give rise to a claim against him/her, the Applicant firm or any predecessor firm? Yes    No

If yes, please provide complete supplemental Claim Information form for each

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_