SUPPLEMENTAL APPLICATION FOR:
HIRED AND NON-OWNED AUTOMOBLE COVERAGE

(Required if the Applicant has selected either Symbol 8 or Symbol 9 on Acord Application 137)

Please complete **SECTION I** and **SECTION IV**, and **SECTION II** (if applying for Hired Auto Coverage) and **SECTION III** (if applying for Non-owned Auto coverage

SECTION I - GENERAL INFORMATION

Name of Applicant:	FEIN:
Check here ☐ if the Applicant is applying for Hired Auto Coverage (symbol 8).	
Check here ☐ if the Applicant is applying for Non-owned Auto Coverage (symbol 9)	
Do you have any owned autos? Yes ☐ No ☐ If Yes, prohibited and must be covered under a Commercial Auto policy.	

SECTION II - HIRED AUTO COVERAGE

1 a.	Why is Hired Auto coverage being requested?					
b.	Is coverage required by contract? Yes ☐ No ☐ (Provide a copy of the contract)					
2 a.	Do you lease, hire, rent or borrow any vehicles from others? Yes ☐ No ☐					
b.	What is the average term of the lease?					
c.	Is there a written agreement? Yes ☐ No ☐ If yes, Attach agreement and answer 2d.					
d.	Does the agreement have a "Hold Harmless" or Additional Insured clause in favor of the Applicant? Yes ☐ No ☐					
e.	What is your cost to lease, hire, rent or borrow vehicles?	<u>Estimate Cost for Coming Year</u>		<u>Last Years Cost</u>		
		With Drivers	$	With Drivers	$	
		Without Drivers	$	Without Drivers	$	
f.	How many autos are hired on average within a twelve **(12)** month period?					
g.	How many hired autos are in the insured's possession at any one time?					
3 a.	Do you hire independent contractors? Yes ☐ No ☐ If Yes, answer 3.b&c					
b.	Do you require Certificates of Insurance? Yes ☐ No ☐					
c.	Is there a written agreement? Yes ☐ No ☐ If yes, attach agreement					
4.	If owner operators are leased will they be scheduled on your policy? Yes ☐ No ☐					
5.	Do you use sub-haulers? Yes ☐ No ☐ If yes, attach Agreement and what is the cost of hire?					
6a.	Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes ☐ No ☐ If yes, answer 6b-c					
b.	Will they be scheduled on the policy? Yes ☐ No ☐					
c.	What is the average term of the lease?					
7.	Do you need Hired Auto Physical Damage coverage? Yes ☐ No ☐ If yes, average value of Hired Auto $					
8.	What type of vehicles do you lease, hire, rent or borrow?	Truck-Tractors	%	Pick-up trucks or vans	%	
		Trailers	%	Private Passenger cars	%	
		Heavy & Extra Heavy Trucks	%	Other	%	
9.	Will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes ☐ No ☐ If Yes, Explain					

10a.	Do you arrange / dispatch loads for others, i.e. not your own hired truckers? Yes ☐ No ☐ If yes, answer 10.b		
b.	Are you named on the Bills of Lading? Yes ☐ No ☐	Annual number of Truckers?	Loads?
11a.	Do you have motor carrier brokerage authority? Yes ☐ No ☐ If yes, answer 11.b -		
b.	What is your motor carrier brokerage number?	Name that appears on the BOL as the carrier?	
c.	What is your brokerage revenue for::	Last 12 months: $	Estimate for next 12 months: $

SECTION III - NON-OWNED AUTO COVERAGE

1 a.	Why is non-ownership liability coverage being requested?				
b.	Is coverage required by contract? Yes ☐ No ☐ (Provide a copy of the contract)				
2.	What types of non-owned autos will be used in your business? Check all that apply:	Truck-Tractors		Pick-up trucks or vans	
		Trailers		Private Passenger cars	
		Heavy & Extra Heavy Trucks		Other	
3.	Non-owned autos used: Daily Weekly Monthly	Estimated Annual Non-owned mileage			
4.	What are your total number of: Employees	Officers and Partners			
5a.	Do any employees use their autos in your business? Yes ☐ No ☐ If yes, answer 5.b				
b.	What liability limits to you require they carry? $	Do you require Evidence of Insurance? Yes ☐ No ☐			
6.	Do you use non-owned autos other than those owned by employees? Yes ☐ No ☐ If yes, Describe				
7a.	Do you use volunteers? Yes ☐ No ☐ If yes, how many? and answer 7.b.				
b.	What liability limits to you require they carry? $	Do you require Evidence of Insurance? Yes ☐ No ☐			
8.	Do you obtain motor vehicle records for all employees and volunteers? Yes ☐ No ☐				

SECTION IV – SIGNATURE(S)

BY SIGNING THIS SUPPLEMENTAL APPLICATION BELOW, THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE STATEMENTS MADE AND INFORMATION PROVIDED IN THIS SUPPLEMENTAL APPLICATION ARE TRUE, COMPLETE AND ACCURATE, AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED, MISSTATED, MISREPRESENTED OR CONCEALED AS OF THE DATE SUCH STATEMENTS AND INFORMATION ARE SUBMITTED TO THE COMPANY.

THE COMPLETION, SIGNING OR SUBMISSION OF THIS SUPPLEMENTAL APPLICATION DOES NOT BIND COVERAGE.

Applicant's Name		**Applicants Title**
Applicant Signature	_____	**Date**

Attachments:

Hired Auto Written Agreements attached? ☐ Independent Contractor (or sub-hauler) Agreements attached? ☐