



INCIDENTAL HIRED AND NON-OWNED AUTO LIABILITY SUPPLEMENTAL APPLICATION

INSTRUCTIONS TO THE APPLICANT:

Please complete this application and answer all questions. An incomplete application cannot be processed. Completion of this application neither binds coverage nor guarantees that a policy will be issued.

To use this form, you may mouse click to select fields or move between fields using the tab button and use the arrow keys to toggle across grouped options. At any, time you may click the button in the upper left hand corner to clear the form.

I. APPLICANT INFORMATION

1.	Name of Insured:		
2.	Mailing Address:		
3.	Proposed Effective Date:	8.	Years in Business:
4.	Limits Requested:	9.	Deductible:
5.	Prior Carrier:	10.	Expiring Premium:
6.	Insured Website:	11.	Mobile Application:
7.	Description of Operations:		

II. GENERAL INFORMATION

1.	Number of employees _____		
2.	What states do you operate in? _____ If you operate in VT or LA a separate UM/UIM form will need to be completed.		
3.	Does the applicant currently purchase or have an in force Commercial Auto Policy?	Yes	No
4.	Does the applicant use non-owned, leased, hired, rented or borrowed autos to transport patients, clients or residents while performing business duties?	Yes	No
5.	Does the applicant require that employees or independent contractors carry and provide documentation of at least the minimum compulsory personal auto liability limits required in the state where operations take place?	Yes	No
6.	Does the applicant review MVRs annually for all principals, employees and volunteers who drive hired and/or non-owned autos while conducting the applicant's business?	Yes	No

III. HIRED AUTO

1.	Annual number of autos leased or rented by applicant during course of conducting business: _____ a. Description/type of autos leased or rented: _____ b. Average time of lease (days): _____ c. Maximum distance (miles) in which leased/rented auto may be driven: _____
2.	Annual number of autos hired by applicant during course of conducting business: _____ a. Total annual cost of hire: _____

IV. NON-OWNED AUTO

1. Do employees or volunteers use their own vehicles for company business? ☐ Yes ☐ No
2. If yes, how many employees and volunteers use own autos annually during course of conducting business on behalf of applicant:

3. What is the annual reimbursed mileage for employees using their own vehicles? _____
4. Please describe the types(vehicle make) of hired and non-owned autos used annually during the course of conducting business:

V. LOSS INFORMATION

1. Has any claim arising out of the operation of a hired and/or non-owned automobile been made against the applicant within the past five (5) years for which this proposed insurance would apply? Yes No
(We require 5 years of currently valued loss runs)

IF YES, please complete the following for losses over \$25,000:

Date of Occurrence	Date Claim Made	Description of Loss	Amount Incurred	Open/Closed

VI. AUTHORIZATION/SIGNATURE**The Applicant Agrees to the Following Driver Criteria:**

You have written confirmation that your "independent contractors" and "employees" have no more than 1 moving violation in the preceding 3 years of their application with you or no more than any single major violation during the same time period.

- Major violations include the following:
- Driving with a revoked or suspended license;
- Driving Under the Influence or Driving While Impaired;
- Driving in possession of alcohol or drugs;
- Refusing to submit to a breath, urine or blood test;
- Reckless Driving;
- Driving 30 MPH over the posted Speed Limit or participating in any racing contest;
- Commission of a felony with a vehicle (e.g. Hit and run, vehicular manslaughter, vehicular assault, vehicular homicide, eluding a police officer).

The applicant agrees, represents and warrants that the statements and information contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted or misstated. Any failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in this application, including all statements, information and documents accompanying or relating to this application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

*Signing this application does not bind the applicant or the company to complete the insurance.

Agency: _____ Producer Code: _____ Date: _____

VII. FRAUD WARNING ACKNOWLEDGEMENTS/SIGNATURE

FRAUD WARNING

Notice to Applicants of all states except Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material 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 the person to criminal and civil penalties and denial of insurance benefits.

Notice to Kentucky Applicants:

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.

Notice to Louisiana Applicants:

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

Notice to New Jersey Applicants:

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

Notice to New Mexico Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants:

Any person who knowingly and with the 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 provision.

Notice to Oregon Applicants:

Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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.

Notice to Puerto Rico Applicants:

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 by 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.

Notice to Virginia Applicants:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Washington D.C. Applicants:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances, or events, which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

This applicant declares that the information contained in this supplemental application is true and that no material facts have been suppressed or misstated. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. This application understands that incorrect information could void coverage.

Initials of Applicant for Acknowledgement

Date