

**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: \_\_\_\_\_