



NON-OWNED AUTO COVERAGE SUPPLEMENT
(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Why is non-ownership liability coverage being requested? _____

What types of non-owned autos will be used in the insured's business? _____

How will they be used? _____

What is the maximum distance which a non-owned auto may be driven from the insured's premises? _____ Miles

Total number of non-owned autos used in the insured's business: _____

If a social service operation, indicate total number of volunteers furnishing autos in the insured's operation: _____
Maximum number of volunteers at any one time: _____

How often are non-owned autos used in the insured's business? Daily Weekly Monthly
Estimated number of hours per month: _____

Do your employees lease autos on insured's behalf? Yes No
If yes, under whose name are the autos leased? Employees Insured

What is the estimated annual mileage for use of all non-owned autos? _____ Miles

Do you require employees to have their own insurance? Yes No
If yes, what are the minimum limits required? _____

Do you require current motor vehicle registrations? Yes No

Do you require evidence of insurance? Yes No

(Provide copies of all drivers)

Will you use non-owned autos other than those owned by your employees? Yes No

If yes, please describe relationship: _____

Does the insured understand that we intend to audit his records regarding Yes No
the cost of hire and/or non-owned exposures?

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date