

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Supplemental
Application
For
Hired and Non-Owned Auto

Applicant's Name: _____

Mailing Address: _____

Applicant's Web Site Address: _____

1. Why is Hired and Non-Owned Auto coverage being requested? _____

2. Any owned or long-term Leased Commercial Autos? Yes No

If yes, types of autos leased? _____

Who is auto insurance carrier? _____

3. Number of: Officers/Partners _____ Employees _____ Volunteers _____

4. Any autos rented on a temporary basis? Yes No

a) If yes, from whom? _____

b) Types of autos Applicant hires? _____

c) Duration of use? _____

d) Frequency? _____

e) Is insurance purchased from rental company? Yes No

5. Does Applicant require any employee to use their personal auto to conduct Applicant's business? Yes No

6. How often are non-owned autos used in Applicant's business? Daily Weekly Monthly

Estimated number of hours per month: _____

What is estimated annual mileage of non-owned autos? _____ Miles

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

7. Total number of non-owned autos used in Applicant's business? _____

8. Does the Applicant require employees and volunteers to have their own auto insurance? Yes No

If yes, what are the minimum limits required? _____

Does the Applicant require evidence of insurance? Yes No

How often is this updated? _____

9. Does Applicant obtain MVR's on employees using their own vehicles? Yes No

If yes, how does Applicant address unclean records? _____

10. Any transportation of clients to-and-from Applicant's premises or to-and-from appointments? Yes No

11. Will Applicant use non-owned autos other than those owned by Applicant's employees? Yes No

If yes, please describe: _____

Applicant's Signature _____ Date _____