



**Owned Auto, Hired Auto, & Non-Owned Auto Liability  
Supplemental Application**

Applicant Name: \_\_\_\_\_

**General Information**

1. Is there an auto policy in force in the name of the applicant? Yes No
2. Prior to approving any employee to use: their personal auto, an owned auto or hire an auto, do you review their MVR (Motor Vehicle Record), including any out of state license? Yes No
3. Are MVR's reviewed annually for any employee renting or using their own vehicles for business purposes? Yes No
4. Do you have guidelines for acceptable drivers? Yes No
5. Please detail criteria used to determine acceptable/unacceptable driving records:
  
6. Do you preclude drivers with any major violations or frequent citations or accidents from driving their own or hired auto in the course of their employment duties? Yes No
7. Explain how you handle employees with unacceptable driving records (remove driving privileges, written warning, probationary period, etc.)

**Owned Autos** - Check box if not applicable

1. Are any autos titled to the applicant? Yes No
2. Does the applicant lease autos on a long-term basis? Yes No
3. Do your employee's lease autos on your behalf? Yes No  
If yes, under whose name are the autos leased? Employee Insured
4. Do you have a formal safety program in place? Yes No
5. Do your employees take company vehicles home in the evening? Yes No
6. Does the insured have a Vehicle maintenance plan in place to address the following equipment?  
Breaks Steering Tires Electrical Drivability
7. What is the applicant's policy regarding personal and family use of company vehicles? Describe:

**Hired Autos** - Check box if not applicable

- |   |     |    |
|---|-----|----|
| 1. Does the applicant rent (hire) autos on a short-term basis?    | Yes | No |
| 2. Estimated rental cost    Current year _____    Last Year _____ |     |    |
| 3. Types of autos rented?   |     |    |

**Non-Owned Autos** - Check box if not applicable

- |   |     |    |
|---|-----|----|
| 1. How many employees use their own auto during the course of performing their employment duties? _____ |     |    |
| 2. What types of non-owned autos will be used in the insured's business?                                |     |    |
| How will they be used?  |     |    |
| 3. Maximum distance (miles) that a non-owned auto may be driven from the insured's premises             |     |    |
| 4. How often are non-owned autos used in the insured's business?  |     |    |
| Daily    Weekly    Monthly    Estimate number of miles per month _____                                  |     |    |
| 5. Do you require employees to have their own insurance?  | Yes | No |
| If yes, what are minimum limits required? _____   |     |    |
| 6. Will you use non-owned autos other than those owned by your employees?                               | Yes | No |
| If yes, describe relationship to owner:   |     |    |

**Litigation and Claim Information**

- |  |     |    |
|--|-----|----|
| 1. Have the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge or should have known of any pending or completed governmental, regulatory, investigative or administrative proceedings? | Yes | No |
| If yes, explain:   |     |    |
| 2. After inquiry have any claims been made against the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance during the past five (5) years?   | Yes | No |
| If yes, how many claims have been made in the past five (5) years? _____   |     |    |

**Please complete explanation on a separate sheet and attach**

3. Does the applicant and/or any of its directors, officers and/or employees, or its predecessors, subsidiaries, affiliates, and employees have knowledge of any occurrence, bodily injury, property damage, act, error or omission which might reasonably be expected to give rise to a claim against him/her, the Applicant firm or any predecessor firm? Yes No
- If yes, please provide complete supplemental Claim Information form for each

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_