



HIRED AND NON-OWNED AUTO SUPPLEMENT

Must be completed in full and signed by applicant

Applicant Name: _____

NOTIFY PREMIUM FINANCE COMPANY OF HIRED
AUTO AUDIT REQUIREMENTS

HIRED AUTO COVERAGE

Contract Requirement Only with no hired autos in past 12 months and none anticipated for next 12 months
(If checked, skip questions 1-11)

1. Annual cost incurred for hired autos: Last year: _____ Projected for this policy term: _____

2. Types of autos hired: _____ Gross Vehicle Weight: _____

3. What is the average term of lease? _____ How many times per year? _____

4. Are the same autos leased or does it vary? Same Vehicles Varies _____

If the same, why are the autos not scheduled on the policy? _____

5. Does applicant provide drivers to operate hired autos? Yes No

If no,

A. Will the drivers be required to provide Certificates of Insurance?

Yes No

B. What are the minimum Liability Limits required by the lessee (applicant / named insured)? _____

6. Does applicant utilize owner operators, independent contractors, or subcontractors? Yes No

If yes,

A. How many are under long term lease (6 months or more) to applicant? _____

B. Are they shown as scheduled autos on your application or attached vehicle list? Yes No

If no, is their cost included in the estimated cost of hired auto in question 1 above? Yes No

7. Does any agent, independent contractor, or employee lease autos in applicant's name? Yes No

8. Will applicant be named as an additional insured on the lessor's policy? Yes No

9. Does applicant own or control any subsidiary or affiliated with any other corporation? Yes No

If yes,

A. What is the business of the subsidiary or affiliate? _____

B. Are autos leased, hired, rented, or borrowed from that subsidiary or affiliate? Yes No

If yes, explain: _____

10. Does applicant lease, hire, rent or borrow any auto owned or leased by the applicant's employees, partners or members of their household? Yes No

If yes, give details with description of auto(s), and how many: _____

11. Have there been any Hired Auto claims and / or incidents in the last 4 years? Yes No

If yes, give details: _____

NON-OWNED AUTO COVERAGE

Non-Owned Auto Coverage not requested - If checked, skip questions 12 -23

12. Why is Non-Ownership Liability coverage being requested? _____

13. Total number of non-owned autos used in the applicant's business? _____

14. Total number of employees? _____

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

16. How will the non-owned auto be used? _____

17. How often are non-owned autos used in the applicant's business? Daily Weekly Monthly

18. Do employees of applicant lease vehicles on insured's behalf? Yes No

If yes, under whose name are autos leased? Employees Applicants

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

20. What is the maximum distance which a non-owned auto may be driven from applicants premises? _____ miles.

21. Will applicant use non-owned autos other than those owned by their employees? Yes No

If yes, describe relationship: _____

22. Are all employees who may operate non-owned autos listed as drivers on the application? Yes No

23. Have there been any Non-Owned Auto Liability claims and / or incidents in the last 4 years? Yes No

If yes, give details: _____

APPLICANT AGREEMENT AND SIGNATURE

This supplement is a part of the Maxum Casualty Application (A002) and will be relied upon by the Company as an integral part of the application. All Notices and Insured Agreements listed and acknowledged by you on the application also apply to information provided in this supplement.

I understand that Maxum Casualty Insurance Company intends to audit applicant's records regarding the cost of hire and / or non-owned exposures.

Print Name

Title

Signature of Applicant

Date