

# HIRED AND NON-OWNED AUTO LIABILITY APPLICATION



## INSTRUCTIONS TO APPLICANT:

- \* Please complete the application, answering all questions. An incomplete application cannot be processed.
- \* Completion of this application neither binds coverage nor guarantees a policy will be issued.
- \* For the purposes of this application, Owned, Hired and Non-Owned Autos are as defined below:

**OWNED AUTOS** are Autos that are registered/titled in the name of your Business, (or your name if you are a Sole Proprietor) or your Officers or employees names. **OWNED AUTOS CANNOT BE INSURED UNDER THIS PROGRAM.**

**NON-OWNED AUTOS** are Autos your Business does not own, hire, rent or borrow, but are used by employees or Independent Contractors to conduct your business operations on your behalf.

GENERAL INFORMATION					
Named Insured / DBA:				Years in Business:	
Mailing Address:					
Insured Website:					
Description of Operations:					
Proposed Policy Inception Date:		Policy Term Desired:		3 Months	6 Months
Limit Requested:	300,000	500,000	1,000,000		

DELIVERY OPERATION DETAILS					
* A delivery is defined as each individual stop at a customer location					
	Food Sales Only	Delivery Sales	Average Dollar Amount per Order	Avg. Delivery Radius in miles	Number of Deliveries*
Prior Year:					
	<i>by employees</i>				
	<i>by 3rd party</i>				
Next 3 or 6 months based on policy term desired above:	<i>by employees</i>				
	<i>by 3rd party</i>				

LOCATION / EMPLOYEE / DRIVER INFORMATION			
Total Number of Locations <i>Please attach a complete list of locations</i>	Total Number of Locations with Delivery	Total Number of Employees	Total Number of Employees using their own vehicles to make deliveries

DRIVER LISTING (Attach a listing if more than two drivers)			
Driver Name	License Number	Date of Birth	State Licensed

DRIVER SAFETY QUALIFICATIONS		YES	NO
Does applicant require employees, independent contractors or volunteers carry and provide documentation of at least minimum compulsory personal auto liability limits required in the state where they operate?			
What is your minimum age requirement for delivery drivers?			
Will any non-owned autos used for deliveries be other than private passenger types (i.e. cars, vans or pickups)?			
Are any vehicles used to deliver food owned by the applicant or proposed named insured for this policy? If so, explain.			

# HIRED AND NON-OWNED AUTO LIABILITY APPLICATION



## LOSS INFORMATION

	YES	NO
Has any claim arising out of the operation of a hired and/or non-owned automobile been made against the applicant within the past five (5) years for which this proposed insurance would apply? <i>If YES, please provide loss runs (valued within the last 90 days) with this application.</i>		

## UNINSURED AND UNDERINSURED MOTORISTS SELECTION/REJECTION

Uninsured Motorists Coverage (UM) and/or Combined Uninsured/Underinsured Motorists Coverage (UM/UIM) and coverage options are available. It is important that you discuss these coverage's with your agent or broker before accepting or rejecting coverage to determine the proper limits for the territories of operation. Once you have discussed, please indicate the following;

**I understand that:**

1. The UIM and UM/UIM limits shown for the vehicles on this policy may not be added together to determine the total amount of coverage provided.
2. UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident are available.
3. UM property damage limits up to the highest policy property damage limit are available. Coverage to property damage is applicable only to damages caused by uninsured motor vehicles.
4. My selection or rejection of coverage below will apply to any renewal, reinstatement, substitute, amended, altered, modified, transfer or replacement policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.

## CHOOSE ONE OF THE FOLLOWING OPTIONS BELOW

**My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.**

<input type="checkbox"/>	I choose to <b>reject</b> all Uninsured (UM) and/or Combined Uninsured/Underinsured Motorists (UM/UIM) Coverages in all states.		
<input type="checkbox"/>	I choose to <b>select</b> combined Uninsured/Underinsured Motorists (UM/UIM) Coverage at the Bodily Injury and Property Damage at the limit selected	Coverage	Limit Selected
		UM Bodily Injury	
		UM Property Damage	

## UM SELECTION, CONSENT, FRAUD NOTICE, AGREEMENT AND SIGNATURE

- I understand this Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. I understand that completion of this form neither binds coverage nor guarantees that a policy will be issued.
- I hereby indicate that the aforementioned statements and answers are correct and complete.
- I understand that any person who presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, information concerning any fact material thereto commits a fraudulent insurance act.

***I have read the statements above, understand their meaning and agree.***

Applicant's signature:	
Date:	
Applicant's name:	
Applicant's title:	