

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Hired Automobile Liability Supplemental Application
		ENERGY Division Email to EG@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage. 3. Please read the statements at the end of this application carefully. Thank you! 		

HIRED AUTOMOBILE LIABILITY SUPPLEMENTAL APPLICATION

ATTACH COPIES OF AUTOMOBILE LOSS RUNS FOR THE LAST 5 YEARS. ATTACH COPIES OF ALL LEASE, RENTAL OR OTHER AUTOMOBILE RELATED AGREEMENTS.

1. Name of Applicant:
2. Limits of Liability requested:
3. Why is hired automobile liability coverage being requested?
4. Is a Commercial Automobile policy in effect? YES NO
5. Estimated annual cost and number of hired automobiles:

For proposed policy period

Leased	\$	#
Rented over continuous 30 day period or greater	\$	#
Rented less than a continuous 30 day period	\$	#

For last year

Leased	\$	#
Rented over continuous 30 day period or greater	\$	#
Rented less than a continuous 30 day period	\$	#

6. List all vehicles leased:

Year Make	Model	Leasing Co	Term of Lease

7. List all vehicles rented:

Year Make	Model	Renting Co	Term of Rental

8. How are these rental vehicles to be used?

Private Passenger

Pick Ups/Vans

Light Trucks

Medium Trucks

Heavy Trucks

Extra Heavy

Tractors

Extra Heavy Tractors

Trailers

9. Are any vehicles hired, leased or rented from employees, partners, members of their households and/or contract staff? YES NO
(Be sure to include in above list.)

10. Are any vehicles hired, leased or rented from affiliate or subsidiary companies? YES NO
(Be sure to include in above list.)

11. Are I.C.C., P.U.C or state regulatory filings required? YES NO

12. Are there any arrangements for borrowing or bartering for the use of vehicles?

13. List drivers under 21 or over 65 years of age.

14. What is your business practice for maintaining driver information?

15. What is your business practice for reviewing driver MVR records?

16. Describe your company's policy governing cell phone use while driving?

How is it enforced?

17. Have you had any Hired Automobile Liability losses in the last 5 years?

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: