

HIRED AUTO INFORMATION

Named Insured: _____

Effective Date: _____ FEIN #: _____

1. Why is hired auto coverage being requested? _____

2. Does the trucking firm you hire, haul for others? Yes ___ No ___
If yes, indicate percentage and for whom: _____

3. Are any vehicles or equipment loaned, rented, or leased to others? Yes ___ No ___

4. Do you lease, hire, rent or borrow vehicles, for other than your primary hauling contract? Yes ___ No ___
Types of vehicles and the average term of the lease? _____
Is there a written agreement? If yes, provide a copy of the agreement. Yes ___ No ___

5. Does your lease agreement contain a Hold Harmless clause? (Please provide a copy) Yes ___ No ___

6. Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire? (Please provide a copy) Yes ___ No ___

7. Do you obtain certificates of insurance from the truckers you hire? Yes ___ No ___
(Certificates of insurance with limits of at least \$1,000,000 are required from your sub-haulers and hard copy verification is mandatory. Please provide a copy)

8. If the owner/operator are leased for six (6) months or longer, will they be scheduled on your policy? Yes ___ No ___
If yes, please provide a copy of the agreement you use.

9. Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes ___ No ___
Will they be scheduled on the policy? Yes ___ No ___
What is the average term of the lease? _____

10. What is your cost to lease, hire, rent or borrow vehicles? With drivers? _____ W/O drivers? _____
Estimated cost of hired autos: This year: _____ Last year? _____

11. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors _____ % Trailers _____ %
Heavy & Extra heavy Trucks _____ % Pickup trucks or vans _____ % Private Passenger cars _____ %

12. At any time will your employees or subcontractors lease vehicles in your name? Yes ___ No ___
If yes, under whose name are the autos leased?

Explain: _____

NON-OWNED AUTO INFORMATION

13. How many years of experience does your management have in the trucking/transportation business? ____ Please provide an explanation of their experience _____
14. Do you arrange or dispatch loads for others, not including your own hired trucks? Yes ____ No ____
Please explain: _____
Are you named on the billing of Lading? Yes ____ No ____
Annual number of truckers _____ Loads? _____
15. Do you have brokerage authority? Yes ____ No ____
If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes ____ No ____
What is your brokerage motor carrier number? _____
Whose name appears on the bill of Lading as the carrier? _____
What is your brokerage revenue for the most recent twelve (12) months? _____
Estimated next twelve (12) months? _____
16. Are driver teams used? Yes ____ No ____
17. Will more than one driver use a specific truck? Yes ____ No ____

NON-OWNED AUTO INFORMATION

18. Why is non-ownership liability coverage being requested? _____
19. What types of non-owned autos will be used in your business? _____
Total number of non-owned autos used: _____ How will they be used? _____
20. How often are non-owned autos used in your business? ____ Daily ____ Weekly ____ Monthly ____ Other
Estimate the number of hours per month: _____
Estimate annual mileage for use of all non-owned autos: _____
21. Do any employees use their autos in your business? Yes ____ No ____
If yes, what limit of liability insurance are they required to maintain? _____
Do you require evidence of insurance? Yes ____ No ____

22. Do employees lease autos on your behalf? Yes___ No___
 If yes, under whose name are the autos leased? Employees name _____ Your name _____
23. Will you use non-owned autos other than those owned by employees? Yes___ No___
 If yes, describe the relationship _____
24. Total number of employees: _____ Total number of officers and partners: _____
25. If a social service operation, indicate the number of volunteers furnishing autos in your operation:
 _____ Maximum number of volunteers at any one time: _____
 How will they use their vehicles? _____
26. Are volunteers required to have their own insurance? Yes___ No___
 Minimum limits required: _____
27. Do you obtain motor vehicle records for all drivers? Yes___ No___
28. Do you understand that we may audit your records for Hired and Non-owned auto
 exposure, which might result in additional premium? Yes___ No___

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. 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 subjects such person to criminal and civil penalties.

Applicant Signature: _____ Date: _____

Agent/Producer Signature: _____ Date: _____