



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## **NON-OWNED AUTO / EMPLOYEE BENEFITS LIABILITY SUPPLEMENT**

**Supplement Only – Operation Specific Application MUST also be completed**

Instructions to the Applicant – please complete this application in ink and answer all questions completely. Attach extra sheets as necessary should you run out of space provided. An incomplete or illegible application cannot be processed. Completion of this application neither binds coverage nor guarantees that a policy will be issued.

### **NON-OWNED AUTO – Complete ONLY if you are requesting this coverage**

1. Requested Limits of Liability:

- \$100,000
- \$250,000
- \$500,000
- \$1,000,000
- Other: (please specify) \_\_\_\_\_

2. Number of **OWNED** autos? \_\_\_\_\_

**COVERAGE IS NOT PROVIDED FOR OWNED AUTOS**

3. Do you have auto liability for owned autos? Yes  No

4. Is Non-Owned auto liability coverage under the owned auto policy? Yes  No

5. Please indicate the number and type(s) of non-owned autos will be used in your business:

		Number of Autos
<input type="checkbox"/>	Private Passenger	
<input type="checkbox"/>	Other (specify):	

6. How often are non-owned autos used in your business  Daily  Weekly  Monthly  Seldom

7. Will non-owned or borrowed automobiles be used for transporting patients, clients or residents? If "yes" please provide the number of patient, client or resident transports annually: \_\_\_\_\_ Yes  No

8. Do your employees EVER drive a client's car? Yes  No

9. Do you review MVR's annually for each person who drives non-owned, leased, hired, rented or borrowed automobiles on behalf of your business? Yes  No

10. Is each person who drives non-owned, leased, hired, rented or borrowed automobiles on behalf of your business required to carry his or her own Automobile Liability Insurance? Yes  No

11. Do you require each driver to carry automobile insurance: Yes  No   
a. The minimum state required limits? Yes  No   
b. A minimum of \$100,000/ \$300,000 limit of liability? Yes  No

12. Do you carry Commercial Auto Liability? Yes  No   
If **yes** please advise:  
a. Name of Carrier: \_\_\_\_\_  
b. Limits of Liability: \_\_\_\_\_  
c. Expiration Date: \_\_\_\_\_

13. Has any Non-Owned auto insurance claim or suit ever been brought against the applicant or any other person proposed for this insurance? Yes  No   
If **yes**, how many? \_\_\_\_\_ complete a supplemental claim form for each.

14. Is the applicant or any person proposed for this insurance aware of any act, error, omission, fact or circumstance which may result in a Non-Owned Auto claim or suit? Yes  No   
If **yes**, complete a supplemental claim form for each.

**EMPLOYEE BENEFITS LIABILITY – Complete ONLY if you are requesting this coverage**

15. Requested Limits of Liability:  
 \$100,000  
 \$250,000  
 \$500,000  
 \$1,000,000  
 Other: (please specify) \_\_\_\_\_

16. If you currently carry EBL coverage please advise:  NO CURRENT COVERAGE  
a. Current Limits of Liability: \_\_\_\_\_  
b. Current Retro Date: \_\_\_\_\_  
c. Current Deductible: \_\_\_\_\_

17. Please provide total number of employees included in the applicant's Employee Benefits programs.  
\_\_\_\_\_

18. Is a benefit brochure or written explanation of the Employee Benefits Program given to each and every employee? Yes  No

19. For elective Employee Benefits Programs does the applicant require a signed acceptance or rejection form from each eligible employee? Yes  No

20. Has any Employee Benefits Liability claim or suit ever been brought against the applicant or any other person proposed for this insurance? Yes  No

If **yes**, how many? \_\_\_\_\_ complete a supplemental claim form for each.

21. Is the applicant or any person proposed for this insurance aware of any act, error, omission, fact or circumstance which may result in a Employee Benefits liability claim or suit? Yes  No

If **yes**, complete a supplemental claim form for each.

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

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

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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