

Hired and Non Owned Auto Supplemental Application for Miscellaneous Health Care Operations

Each question must be fully answered. If not applicable, please state "N/A"

Submit with Miscellaneous Professional & General Liability Healthcare Application

PART I - GENERAL INFORMATION

- Name of Applicant _____
Street address _____
City, State, Zip _____
- Number of owned automobiles _____
- Do you have automobile liability coverage for your owned autos? Yes No
- Is non owned automobile liability covered under the owned auto policy? Yes No
- Why is hired and non ownership liability coverage being requested? _____

PART II – DESCRIPTION OF USE

Hired Automobile Coverage Section

- Do any of your employees, agents, independent contractors or volunteers lease automobiles in your name? Yes No
if yes, please explain _____
- Describe types of automobiles hired _____
- What is the maximum passenger capacity of hired automobiles? _____
- Are any hired automobiles leased? Yes No
What are the average terms of the lease? _____
- Are the same automobiles leased or does it vary? Same Autos Varies
If the same, please explain why the automobiles can not be scheduled on the policy? _____
- Do you provide drivers to operate hired automobiles? Yes No
If no, are the drivers required to provide a Certificate of Insurance? Yes No
What is the *minimum* liability limits required by the leasee (you)? _____
- Is there a written lease agreement? Yes No
If yes, please attach a copy.
- Will you be named as an additional insured on the lessor's policy? Yes No
- Do you lease, hire, rent or borrow any auto (other than a private passenger type auto) owned or leased by your employees, partners, or members of their household? Yes No If yes, please give details and how many _____
- Do you own or control any subsidiary or are you affiliated with any other corporation? Yes No
If yes, what is the business or affiliate? _____

Non Owned Automobile Coverage Section

1. How many employees, independent contractors or volunteers drive their personal automobiles in connection with your business? _____
How many of these are part-time ? 15 - 45 hrs per week _____ Under 15 hrs per week _____

How will they be used? _____

If persons other than employees use their personal automobiles in connection with your business, please provide full description and number:

2. Do you require employees or others to provide transportation for patients/clients in their personal automobiles? Yes No
If yes, under what circumstances and how often _____
3. What is the maximum distance which a non owned auto may be driven from your premises? _____
4. Total number of employees, independent contractors or volunteers _____
5. Total number of non owned autos used in your business _____
6. Do your employees lease automobiles on your behalf? Yes No
7. What is the estimated annual mileage for use on all non owned automobiles ? _____
8. Do you require employees or contracted personnel to have their own insurance? Yes No
If yes, what are the minimum limits required? _____
9. Do you require evidence of insurance? Yes No
10. Do you check MVR's annually? Yes No
11. Will you use non owned automobiles other than those owned by your employees? Yes No
If yes, describe relationship _____
12. Do you have volunteers at your operation? Yes No
If so, indicate the total number of volunteers furnishing automobiles in your operation _____
Maximum number of volunteers at any one time: _____
13. Do you have current non owned coverage? Yes No
If yes, who is the insurance carrier? _____
What are the current limits of liability? _____

PART III - CLAIMS HISTORY

1. During the past five (5) years, have any claims for hired or non owned automobile liability been presented to your current or prior insurance carrier(s) or to you? Yes No
2. Are you, or any other person for whom insurance is being requested, aware of any fact(s), incident(s), act(s), event(s), circumstance(s) or occurrence(s) that may result in a claim(s) being made against you? Yes No
If yes, provide full details. _____

APPLICANT TO ACCEPT, INSURANCE; BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND MADE A PART OF THE POLICY SHOULD A POLICY BE ISSUED.

*Notice applicable in most 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 conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.

Applicant's Signature/Title

Date