

Hired & Non-Owned Supplemental Application

Instructions to Applicant

All questions must be answered. An incomplete application cannot be processed. Completion of this application neither binds coverage nor guarantees a policy will be issued. For purposes of this this application the following definitions apply:

Owned Autos: autos that are registered/titled in the name of your business or your name if sole proprietor

Please Note - Owned Autos cannot be insured under this program.

Hired Autos: autos you, your business or your employee lease (<60 days), hire, rent or borrow from another person or business

Non-Owned Autos: 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

Applicant Information

Name of Applicant: _____

Mailing Address: _____

Description of Operations: _____

States of Operation: _____ Years in Business: _____

Annual Sales (Projected): _____ Annual Sales (Prior Year): _____

Annual Cost of Hire (Projected): _____ Annual Cost of Hire (Prior Year): _____

Does the Applicant own any autos? Yes No

Has the Applicant purchased an Auto Liability Policy to cover owned autos? Yes No

Vehicle, Driver and Mileage Information

Why is Applicant requesting Hired and Non-Owned auto coverage?: _____

Please indicate the types of vehicles used by drivers (If N/A, please leave blank)

Private Passenger: _____ % Light Trucks: _____ % Medium Trucks: _____ %
 Heavy & Extra Trucks: _____ % Buses: _____ % Other: _____

- Private Passenger and Light Trucks = Under 10,000 lbs. GVW.

- Medium Trucks = 10,001-45,000 lbs. GVW

- Heavy Trucks = Greater Than 45,000 lbs. GVW

- Buses = Passenger vehicles with passenger seating capacity of 15 or more

Please indicate if the total number of the following (if applicable):

Employees using their own vehicles for company business: _____ Total Employees: _____

Volunteers using their own vehicles for company business: _____ Total Drivers: _____

Independent Contractors hired to drive: _____ Owned Autos: _____

Annual Mileage: _____ Daily Mileage: _____

Hired & Non-Owned Auto and Business Information

Does the applicant require that drivers carry and provide documentation of at least 250,000/500,000 or 300,000 combined single limit personal auto liability limits? Yes No

If they are required to carry a limit higher than the minimum, what limit is required? _____

Do you review all drivers personal auto liability limits? Yes No

Do you review Motor Vehicle Records (MVRs) at least annually for all personnel who drive hired and/or non-owned autos while conducting the applicant's business? Yes No

Hired & Non-Owned Auto and Business Information

Do employees transport passengers other than employees as part of your business? Yes No

Do you utilize a mobile app for any business purposes (tracking, dispatch, etc.)? Yes No

If so, please provide the name of the application and what it is used for: _____

Do any drivers carry firearms? (USMC does not permit firearms to be carried) Yes No

Do you arrange or dispatch loads/rides for others, not including your own hired vehicles or truckers? Yes No

Explanation: _____

Annual Number of Vehicles/Truckers: _____ Annual Number of Loads/Rides: _____

Do you lease, hire, rent or borrow any autos from a subsidiary or affiliate of the insured, not including vehicle rental companies? Yes No

If so, who and what affiliation: _____

Short-Term Rental Vehicle Supplement & Agreement

Short-term vehicle rentals are defined as autos rented for less than 6 months, including those you keep indefinitely under renewing short-term agreements. These short-term vehicle rentals are best insured as owned/leased vehicles. **It is extremely important that you understand the choices for insuring rented vehicles.** If there are any questions, please contact us for clarification. Please be sure to share this information with others in your company who may be involved with rental vehicles.

Rolling rentals are best insured under your own business auto insurance at rates comparable to owned/leased vehicles. **For other short-term rentals, rates are higher, and we require that you purchase the insurance offered by most major rental companies, including a \$1,000,000 liability limit and physical damage coverage.** The justification for such is:

- Losses on rentals tend to be high and claims won't impact your insurability or premiums
- Claims are handled by the rental company's insurance carrier
- Costs for replacement vehicles and repairs are the responsibility of the rental company

We maintain our position on this and require rentals to have primary coverage from the rental company.

Do you utilize short-term rentals? Yes No

Will you purchase insurance from the rental company on all rented vehicles? Yes No

What rental company(s) do you use or anticipate using? _____

Loss Information

Please indicate if any claim arising out of the operation and/or non-owned auto has been made against the applicant within the past five (5) years for which this proposed insurance would apply?

Date of Loss	Description of Claim	Status	Paid	Reserved	Incurred
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Special Conditions Endorsement – Additional Conditions for Coverage

All Hired and Non-Owned policies issued by USMC include a Special Conditions Endorsement containing additional coverage conditions, including specified Driver history and MVR review requirements with and underlying driver insurance limits which the Insured must verify prior to permitting a driver to operate a Hired or Non-Owned Auto. The Insured must agree to the conditions set forth in the Special Conditions Endorsment for coverage to be bound. The applicable Special Conditions Form will be sent upon receipt of the completed Supplemental Application and must be executed by a representative of the Named Insured and the Broker/Producer. The Special Conditions Endorsement becomes part of the policy and should be thoroughly reviewed.

FRAUD WARNING

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, 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 personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: 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.

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.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant

_____	_____
Print Name	Signature
_____	_____
Title	Date

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

_____	_____
Name of Producing Agency	Date
_____	_____
Signature of Producing Agent	Date

**SIGNING THIS APPLICATION
DOES NOT BIND THE
APPLICANT OR THE COMPANY**