



**NON-OWNED AND HIRED AUTO COVERAGE SUPPLEMENTAL QUESTIONNAIRE**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**HIRED AUTO COVERAGE**

Complete if hired auto coverage is desired.

1. Does applicant own any commercial vehicles? .....  Yes  No  
 Number of employees: \_\_\_\_\_ Website address: \_\_\_\_\_
2. Why is hired auto coverage being requested? \_\_\_\_\_  
 \_\_\_\_\_
3. Number of hired autos: \_\_\_\_\_
4. Types of autos hired: \_\_\_\_\_  
 How are they used? \_\_\_\_\_  
 What is gross vehicle weight of commercial autos? \_\_\_\_\_  
 What is passenger capability of public autos? \_\_\_\_\_
5. What is the average term of lease? \_\_\_\_\_
6. What is the maximum distance in which a hired auto may be driven from the premises? \_\_\_\_\_
7. Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant's employees, partners or members of their household? .....  Yes  No  
 If yes, give details and how many: \_\_\_\_\_  
 \_\_\_\_\_
8. Does any agent, independent contractor, or employee lease autos in the applicant's name? .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_



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Phone: 800.784.1887, Fax: 508.337.3698

9. At any time will you subcontract out work? .....  Yes  No  
If yes, what work is subcontracted? \_\_\_\_\_

Cost to subcontract: \_\_\_\_\_

10. Estimated cost of hired autos:

This year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_

Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos? .....  Yes  No

If yes, explain: \_\_\_\_\_

11. What percentage of the hired autos' revenue is paid to owners of the autos? ..... \_\_\_\_\_%

12. Are drivers to be provided by the applicant to operate hired autos? .....  Yes  No

If no, will the drivers be required to provide Certificates of Insurance? .....  Yes  No

What are the minimum liability limits required by the lessee (applicant)? \_\_\_\_\_

13. Will the applicant be named as an additional insured on the lessor's policy? .....  Yes  No

14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation? .....  Yes  No

If yes, are vehicles leased from the subsidiary or affiliate? \_\_\_\_\_

15. What is the business of the subsidiary or affiliate? \_\_\_\_\_

16. Does the applicant have an ICC broker's authority or provide a brokerage service? .....  Yes  No

17. Loss History:

Has applicant had any hired auto losses in the past? .....  Yes  No

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  Check if no losses in the last three years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	

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

**NON-OWNED AUTO COVERAGE**

Complete if Non-Owned auto coverage is desired.

1. Does applicant own any commercial vehicles? .....  Yes  No

Website address: \_\_\_\_\_

2. Why is non-ownership liability coverage being requested? \_\_\_\_\_



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3. What types of non-owned autos will be used in the applicant's business? \_\_\_\_\_

How will they be used? \_\_\_\_\_

4. How often are non-owned autos used in the applicant's business? .....  Daily  Weekly  Monthly  
Estimated number of hours per month: \_\_\_\_\_

5. What is the estimated annual mileage for use of all non-owned autos? ..... \_\_\_\_\_ miles

6. What is the maximum distance which a non-owned auto may be driven from the applicant's premises? .. \_\_\_\_\_ miles

7. Total number of non-owned autos used in the applicant's business:..... \_\_\_\_\_

8. Total number of employees: ..... \_\_\_\_\_

9. Total number of officers and partners:..... \_\_\_\_\_

10. If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation: \_\_\_\_\_

Maximum number of volunteers at any one time: ..... \_\_\_\_\_

11. Do employees lease autos on the applicant's behalf? .....  Yes  No  
If yes, under whose name are autos leased?.....  Employees  Applicant

12. Does the applicant require employees and volunteers to have their own insurance? .....  Yes  No  
If yes, what are the minimum limits required? \_\_\_\_\_

Does the applicant require evidence of insurance? .....  Yes  No

13. Will the applicant use non-owned autos other than those owned by employees?.....  Yes  No  
If yes, describe relationship: \_\_\_\_\_

14. Does the applicant obtain motor vehicle records for all drivers?.....  Yes  No

15. Loss History:  
Has applicant had any non-owned auto losses in the past? .....  Yes  No

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  Check if no losses in the last three years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	

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