

**NEGLEY**  
**ASSOCIATES·INC**  
UNDERWRITING MANAGERS

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**NON-OWNED & HIRED AUTOMOBILE LIABILITY  
SUPPLEMENTAL APPLICATION**

Date \_\_\_\_\_

- 1. Applicant \_\_\_\_\_
- 2. Do you own/lease vehicles?  Yes  No
- 3. Does the center have an auto liability policy in force?  Yes  No
- 4. How many employees and/or volunteers regularly use their vehicles on your behalf? \_\_\_\_\_
- 5. How often are their vehicles used in the insured's business?  Daily  Weekly  Monthly
- 6. Do you obtain a copy of their driver's license?  Yes  No
- 7. Do you obtain a Motor Vehicle Report (MVR)?  Yes  No
- 8. Do you obtain a copy of employee's/volunteer's auto liability insurance policy?  Yes  No
- 9. Do you require minimum limits of liability?  Yes  No If yes, what limits? \_\_\_\_\_
- 10. Do you use hired autos?  Yes  No If yes, please describe circumstances, including frequency.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11. Do you transport clients?  Yes  No
- 12. Have there been any non-owned and hired auto liability claims and/or incidents which have occurred during the last 3 years?  
 Yes  No If yes, please give details: \_\_\_\_\_

Date of Loss	Amount Paid or Reserved	Claimant's Name	Description of Incident
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Insured's Signature / Title