



## HIRED AND NON-OWNED AUTO LIABILITY SUPPLEMENTAL APPLICATION

1. Applicant: \_\_\_\_\_

2. Do you own or lease vehicles?  Yes  No

3. Do you have a commercial automobile policy in force? If yes, list below. If none, please state so.

Name of Insurance Company	Limits	Expiration date

4. How often are vehicles used in your business?  Daily  Weekly  Monthly

5. What is the radius of most trips? \_\_\_\_\_

6. Are vehicles other than private passenger vehicles used?  Yes  No  
If yes, describe type and for what purpose: \_\_\_\_\_

7. How many employees/volunteers drive personal vehicles for business use on a regular basis?

Full Time Employees \_\_\_\_\_ Part Time Employees \_\_\_\_\_ Volunteers \_\_\_\_\_

8. How many employees/volunteers drive personal vehicles for business use on an occasional basis?

Full Time Employees \_\_\_\_\_ Part Time Employees \_\_\_\_\_ Volunteers \_\_\_\_\_

9. Do you obtain a copy of the driver's license of all drivers?  Yes  No

10. Do you obtain a Motor Vehicle Report (MVR) for all drivers?  Yes  No

If yes, how frequently? \_\_\_\_\_

11. Who reviews MVRs and how often? \_\_\_\_\_

12. Describe your standards for the following:

- a. Minimum required number of years driving experience: \_\_\_\_\_
- b. Minimum age of driver: \_\_\_\_\_ (This question is not applicable to Pennsylvania Residents.)
- c. Maximum number of moving violations: \_\_\_\_\_
- d. Maximum number of accidents: \_\_\_\_\_
- e. Drug and alcohol screening frequency: \_\_\_\_\_

13. For what purpose(s) are employees using personal vehicles on your behalf? \_\_\_\_\_

14. Do employees/volunteers drive personal vehicles to transport clients?  Yes  No

If yes,

a. How often? \_\_\_\_\_

b. Do they ever transport more than one client  Yes  No

c. What is the client to staff ratio? \_\_\_\_\_

15. Do employees/volunteers drive personal vehicles to transport other employees?  Yes  No

16. Do you obtain a copy of the personal auto liability insurance policy of all drivers?  Yes  No

17. Do you require that employees/volunteers driving personal vehicles on a regular basis carry personal liability minimum limits of \$300,000 CSL?  Yes  No

If no, are you willing to adopt these procedures?  Yes  No

If yes, when would they be implemented? \_\_\_\_\_

If no, explain why: \_\_\_\_\_

18. Do you require that employees/volunteers driving personal vehicles on an occasional basis carry personal liability minimum limits of \$100,000 CSL?  Yes  No

If no, are you willing to adopt these procedures?  Yes  No

If yes, when would they be implemented? \_\_\_\_\_

If no, explain why: \_\_\_\_\_

19. Do you use hired autos?  Yes  No

If yes, how often and for what purpose? \_\_\_\_\_

20. Have there been any hired or non-owned auto liability claims and/or incidents which have occurred in the last 3 years?  Yes  No

Date of Loss	Amount Paid or Reserved	Claimant's Name	Description of Accident	Open/Closed

Executive Director's Signature

Date