

## NON-OWNED AUTO SUPPLEMENTAL QUESTIONNAIRE

1. Why is non-ownership liability coverage being requested? \_\_\_\_\_  
\_\_\_\_\_
2. What types of non-owned autos will be used in the applicant's business? \_\_\_\_\_  
How will they be used? \_\_\_\_\_
3. How often are non-owned autos used in the applicant's business?       Daily     Weekly     Monthly  
Estimated number of hours per month: \_\_\_\_\_
4. What is the estimated annual mileage for use of all non-owned autos? \_\_\_\_\_ miles
5. What is the maximum distance a non-owned auto may be driven from the applicant's premises? \_\_\_\_\_ miles
6. Total number of non-owned autos used in the applicant's business: \_\_\_\_\_  
Total number of employees: \_\_\_\_\_
7. Total number of officers and partners? \_\_\_\_\_
8. If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation: \_\_\_\_\_
9. Maximum number of volunteers at any one time: \_\_\_\_\_
10. Do employees lease autos on the applicant's behalf?       Yes     No  
If yes, under whose name are autos leased?       Employees       Applicant
11. 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
12. Will the applicant use non-owned autos other than those owned by employees?       Yes     No
13. If yes, describe relationship: \_\_\_\_\_  
\_\_\_\_\_
14. Does the applicant obtain motor vehicle records for all drivers?       Yes     No
15. Does the applicant understand that we intend to audit his records regarding the cost of hire and / or non-owned exposures?       Yes     No

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE TO AGENT: If hired auto coverage is provided, notify the premium finance company of the audit required