

NON-OWNED AUTO COVERAGE SUPPLEMENT

(Include Acord application)

Applicant's Name: Mailing Address:	
Why is non-ownership liability coverage being requested?	
What is the maximum distance which a non-owned auto m	ay be driven from the insured's premises? Miles
Total number of non-owned autos used in the insured's but	siness:
If a social service operation, indicate total number of volumes at any one time:	
How often are non-owned autos used in the insured's busin Estimated number of hours per month:	ness? Daily Weekly Monthly
Do your employees lease autos on insured's behalf?	□ Yes □ No
If yes, under whose name are the autos leased?	□ Employees □ Insured
What is the estimated annual mileage for use of all non-ow	rned autos?Miles
Do you require employees to have their own insurance? If yes, what are the minimum limits required?	□ Yes □ No
Do you require current motor vehicle registrations?	\square Yes \square No
Do you require evidence of insurance?	\square Yes \square No
(Provide copies of all drivers) Will you use non-owned autos other than those owned by y If yes, please describe relationship:	
Does the insured understand that we intend to audit his rec the cost of hire and/or non-owned exposures?	ords regarding \Box Yes \Box No
Any person who knowingly and with intent to defraud any insurance containing false information, or conceals for the purpose of misleading fraudulent insurance act, which is a crime. This application does not be	g, information concerning any fact material thereto, commits a
Applicant's Signature Producer's Signature	 Date