

BENCHMARK MANAGEMENT GROUP & SPECIALTY LINES UNDERWRITERS

HIRED AND NON-OWNED AUTOMOBILE SUPPLEMENTAL APPLICATION

Name of Applicant: _____
 D/B/A: _____
 Street Address: _____

 P.O. Mailing Address: _____

 Phone Number: (____) _____
 FEIN/Social Security/Soundex No. _____
 Web site: _____

Agent Name: _____
 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

HIRED AUTO INFORMATION – Coverage Subject to Audit

1. **Why is hired auto coverage being requested?** _____
2. **Do you lease, hire, rent or borrow any vehicles from others?** Yes No
 What is the average term of the lease? _____
 Is there a written agreement? Yes No
 Does it include a Hold Harmless agreement and/or Additional Insured clause? Yes No
 Provide a copy of the agreement.
3. **Do you hire independent contractors?** Yes No
 If yes, do you require certificates of insurance? Yes No
 Provide a copy of the contract.
4. **If owner/operators are leased, will they be scheduled on your policy?** Yes No
 If yes, provide a copy of the agreement you use.
5. **Do you use sub-haulers?** Yes No
 If yes, provide cost of hire \$ _____
 Provide a copy of the contract.
6. **Do you lease, hire, rent, or borrow any vehicles from others without drivers?** Yes No
 Will they be scheduled on the policy? Yes No
 What is the average term of the lease? _____
7. **What is your cost to lease, hire, rent or borrow vehicles?**
 With drivers Without drivers
 Estimated cost of hired autos:
 This year: Last year:

8. **Is Hired Auto Physical Damage coverage desired?**..... Yes No
 If yes, average value of auto hired? _____
9. **How many autos are hired on average within a twelve (12) month period?** _____
10. **How many hired autos are in the insured's possession at any one time?** _____
11. **What type of vehicles do you lease, hire, rent or borrow?** Truck-Tractors _____% Trailers _____%
 Heavy & Extra Trucks _____% Pickup trucks or Vans _____% Private Passenger Cars _____%
12. **At any time will your employees, subcontractors, or owner/operators lease vehicles in your name?** Yes No
 If yes, explain: _____
13. **Do you arrange or dispatch loads for others, not including your own hired truckers?** Yes No
 Please explain: _____
 Are you named on the Bills of Lading?..... Yes No
 Annual number of Truckers: _____ Loads: _____
14. **Do you have motor carrier brokerage authority?** Yes No
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation?..... Yes No
 What is your motor carrier brokerage number? _____
 Whose name appears on the Bill of Lading as the carrier? _____
 What is your brokerage revenue for the most recent twelve (12) months? _____
 Estimated next twelve (12) months? _____
15. **Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium?** Yes No

NON-OWNED AUTO INFORMATION—Coverage Subject to Audit

16. **Why is non-ownership liability coverage being requested?** _____
17. **What types of non-owned autos will be used in your business?** _____
 Total number of non-owned autos used:..... _____
 How will they be used? _____
18. **How often are non-owned autos used in your business?**
 Daily Weekly Monthly Other: _____
 Estimate the number of hours per month: _____
 Estimated annual mileage for use of all non-owned autos: _____
19. **Do any employees use their autos in your business?** Yes No
 If yes, what limit of liability insurance are they required to maintain? _____
 Do you require evidence of insurance? Yes No
20. **Will you use non-owned autos other than those owned by employees?** Yes No
 If yes, describe the relationship _____
21. **Total number of employees:** _____ **Total number of officers and partners:** _____

22. If a social service operation, indicate the total number of volunteers furnishing autos in your operation:
Maximum number of volunteers at any one time:
How will they use their vehicles?

23. Are volunteers required to have their own insurance? Yes No
Minimum limits required:

24. Do you obtain motor vehicle records for all employees and volunteers? Yes No

25. Do you understand that we may audit your records for Non-Owned auto exposure, which might result in an additional premium? Yes No

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S NAME AND TITLE:

APPLICANT'S SIGNATURE: DATE:
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: DATE:

IOWA LICENSED AGENT:
(Applicable in Iowa Only)

Note to General Agent: If hired auto coverage is provided, notify the Premium Finance Company of the audit required.