



**Fireman's  
Fund<sup>®</sup>**

A company of the  
Allianz Group

## SUPPLEMENTAL APPLICATION NON-OWNED AUTO LIABILITY

NAME OF FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### GENERAL INFORMATION:

1. Number of owned autos \_\_\_\_\_

2. Do you have auto liability coverage for owned autos? No Yes

3. Is Hired and Non-Owned auto liability covered under the owned auto policy? No Yes

If No, why not? \_\_\_\_\_

### COMPLETE IF NON-OWNED AUTO COVERAGE IS DESIRED:

11. What types on non-owned autos will be used in your business? \_\_\_\_\_

12. How will they be used? \_\_\_\_\_

13. What is the maximum distance which a non-owned auto may be driven from your premises? \_\_\_\_\_ **miles**

14. Total number of non-owned autos used in your business \_\_\_\_\_

15. What percentage of your business involves client transportation? \_\_\_\_\_ %

16. Do you have any emergency transportation of your clients? No Yes

17. Total number of employees \_\_\_\_\_

18. Total number of volunteers \_\_\_\_\_

19. How often are non-owned autos used in your business? Daily Weekly Monthly Seldom

Estimated number of hours used: \_\_\_\_\_ Daily / Weekly / Monthly (**CIRCLE ONE**)

21. What is the estimated ANNUAL mileage for use on all non-owned autos? \_\_\_\_\_ **miles**

22. Please confirm that the following Driver Safety protocols are followed:

a. Obtain and verify valid drivers license on all employees yearly No Yes

b. Obtain and verify valid personal auto insurance yearly No Yes

i. what limits of liability are required? \_\_\_\_\_

c. Order and review MVR's on all employees yearly No Yes

d. Prohibit employees from driving if No Yes

i. unlicensed or suspended/revoked license No Yes

ii. serious violations such as DUI, etc. No Yes

Explain any exceptions to the requirements above: \_\_\_\_\_

23. Do you require evidence of insurance? No Yes

24. Do you check MVR's annually? No Yes

**CLAIMS HISTORY:**

25. Has any Hired or Non-owned auto liability claim or suit been brought in the past five (5) years against the applicant or any predecessor concerning the entity to be insured? No Yes

26. Are you aware of any claims, suits or incidents which could be come a claim or suite that has not been reported to your current insurance carrier? No Yes

\* \* \* Please attach 5 years worth of loss runs to support this information. \* \* \*

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states

**DECLARATION AND SIGNATURE:**

I **DECLARE** that the information contained in this supplement is true and that no material facts have been suppressed or misstated.

I **UNDERSTAND** that an incorrect or incomplete response could void my coverage.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date