



Salt Lake City Area Office
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Chicago Office
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Chicago, IL 60606
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**NON-OWNEDAUTO/
HIRED AUTO/DRIVE
OTHER CAR**

General Information

Proposed Effective Date: _____

Business Legal Name: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Contact Person: _____ Contact Title: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Producer's Name: _____

Producer's E-mail: _____ Producer Phone: _____

Detailed description of business activities (specifically, and by location): _____

Are terms for Hired Auto or Non-owned Auto needed to fulfill contract requirements? _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Limit of Liability:

Per Person/Per Act/Property Damage

<input type="checkbox"/>	\$15,000/\$30,000/\$5,000	<input type="checkbox"/>	\$100,000/\$300,000/\$50,000	<input type="checkbox"/>	\$100,000 CSL
<input type="checkbox"/>	\$25,000/\$50,000/\$10,000	<input type="checkbox"/>	\$250,000/\$500,000/\$100,000	<input type="checkbox"/>	\$250,000 CSL
<input type="checkbox"/>	\$50,000/\$100,000/\$25,000	<input type="checkbox"/>	\$250,000/\$1,000,000/\$100,000	<input type="checkbox"/>	\$500,000 CSL
<input type="checkbox"/>	\$100,000/\$250,000/\$100,000	<input type="checkbox"/>	Other _____/_____/_____	<input type="checkbox"/>	\$1,000,000 CSL

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

3. Business Activities (please complete what applies)

Non-owned Auto - Secondary coverage for Employee owned vehicles used for business purposes

1. Number of Employees Needing Coverage: Full Time: _____ Part Time: _____

2. Primary Purpose of usage: (delivery service, consulting, etc.) _____

3. Radius of Operations: 0 – 50 miles 50 – 100 miles 100+ miles _____

4. Frequency of Use: _____

5. Do employees or volunteers routinely use their personal autos for company business? Yes No

6. Does the applicant verify that insurance is in place before employees or volunteers can use their autos?
 Yes No

7. Does the applicant run Motor Vehicle Record reports for each employee? Yes No

8. At any time will there be clients or passengers that are not part of the organization? Yes No

If yes – give a brief description: _____

Drive other car - Drivers for unscheduled 3rd party-owned vehicles, under the Care Custody and Control of the Named Insured

9. Details of operations: _____

10. Number of Employees Needing Coverage: Full Time: _____ Part Time: _____

11. What is the maximum radius of your operation? 0 – 100 miles 101 – 300 miles 300+ miles

12. Annual number of Drive Other Car trips: _____

13. Is Over-the-Road-Physical Damage needed? (Care, Custody, Control coverage while vehicle is in driver's possession)

\$25,000 \$50,000 \$100,000 OTHER _____

Hired Auto - Secondary coverage for long term Lease or Rental vehicles used for business purposes (with or without driver)

14. During the last three years, have you leased, borrowed or hired any vehicles for your business? Yes No

15. If you anticipate some usage this year, what type of vehicles (trucks, cars, buses) and what is the estimated cost to hire or lease these vehicles? **Only Scheduled Autos will apply for Hired Auto. A schedule will be needed upon the rental or lease of the vehicle.**

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value		GVW/GCW			

16. Do you normally hire vehicles with drivers or without drivers? Please check what applies and list percentage of use: With % _____ Without % _____

17. Primary Purpose of usage: (delivery service, consulting, etc.) _____

18. On average how many vehicles do you rent/lease annually? _____ Length of Rental: _____

19. Please provide the information on the Rental Company:

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: () _____ Fax: () _____

20. A valid Lease Agreement will need to be provided for all scheduled Hired Autos

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name