If your answer is too long, then please complete it on the supplemental page, referencing the question number.

Non-Owned Auto Supplemental Application

If non-owned auto coverage is desired, please complete the following:

Note: Non-owned coverage is written only as an endorsement to the General Liability policy, does not include Hired Car, and shares the limits, deductibles and other conditions of the general liability policy. This coverage is not intended to cover livery operations by the insured, whether a fee is charged or not, and therefore excludes bodily injury to passengers of any insured non-owned autos.

1. How many employees drive their personal auto in connection with your business:

   How many of these are parttime employees? 15-25 hrs wk Under 15 hrs wk

   If persons other than employees use their personal auto in connection with your business, please

   describe and give number : None

2. Does applicant check all driver's MVRs? Yes No

3. Is written verification of personal auto coverage obtained from all drivers? Yes No

   Does applicant require minimum limits of at least 100/300 BI - 50 PD ? Yes No

4. Does applicant require employees or others to provide transportation for patients / clients in their

   personal auto? Yes No

5. Does applicant have owned, leased or hired autos used in business ? Yes No

   Insurance coverage: carrier limit eff date

6. Have any auto claims been made or occurrences reported during the past 5 years? Yes No

   If yes, describe, indicate open/closed status, amounts paid or reserved:

Date Applicant Title

Supplemental information:

(please reference any questions you are referring to)