

Agent Name _____
and Address _____
Phone _____ Fax _____

Hired Auto Coverage Transportation Supplemental Application

Complete if Hired Auto exposure is greater than 'if any' basis or requesting stand-alone coverage

1. Why is hired auto coverage being requested? _____
2. Number of autos to be scheduled on policy : _____
3. Give description of operation: _____
4. Estimated cost of hired autos: This year: \$ _____ Last year: \$ _____
5. Does agent, independent contractor, or employee lease autos in the insured's name? Yes No
If yes, please explain: _____
6. Types of autos hired: _____
7. What is gross weight of commercial autos? _____
8. What is passenger capacity of public autos? _____
9. What is the average term of lease? _____
10. Are the same autos leased or does it vary? Same Autos Varies
If the same, explain why the auto cannot be scheduled on the policy: _____
11. Does your employees lease/rent autos on insured's behalf? Yes No
If yes, whose name are autos leased/rented? Employee's Insured's
12. Are drives to be provided by the insured to operate hired autos? Yes No
If no, will the drivers be required to provide certificate of insurance? Yes No
13. What are the minimum liability limits required by the lessee (named insured): _____
14. Does the insured own or control any subsidiary or is it affiliated with any other company? Yes No
15. What is the business of the subsidiary or affiliate? _____
16. Does the insured have an ICC broker's authority or provide a brokerage service? Yes No

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania 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.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____