



NON-OWNED AUTO COVERAGE
BUSINESS AUTO SUPPLEMENTAL APPLICATION

Effective Date \_\_\_\_\_

Name \_\_\_\_\_ Policy No. \_\_\_\_\_

1. Explain why Non-Owned Auto coverage is being requested. (Contract, umbrella carrier, other)
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

2. Describe the types of non-owned autos to be used in your business.
\_\_\_\_\_
\_\_\_\_\_

3. Describe how the autos will be used.
\_\_\_\_\_
\_\_\_\_\_

4. Total number of employees in your business. \_\_\_\_\_

5. Total number of non-owned autos that might be used in your business. \_\_\_\_\_

6. Longest distance a non-owned auto will be driven on business for you. \_\_\_\_\_ miles

7. Estimated annual mileage for all non-owned autos. \_\_\_\_\_ miles
Do you report employee mileage reimbursement for tax purposes? [ ] Yes [ ] No
If yes, miles reported last year. \_\_\_\_\_

8. Frequency non-owned autos are used in your business: [ ] Daily [ ] Weekly [ ] Monthly
Estimated number of hours non-owned autos are used each month. \_\_\_\_\_

9. If a social service operation, number of volunteers furnishing autos for the organization. \_\_\_\_\_
Maximum number of volunteers at one time. \_\_\_\_\_

10. Do you require employees to have their own insurance? Yes No
[ ] [ ]
If yes, minimum limits you require. \_\_\_\_\_

11. Do you require proof of insurance from employees? [ ] [ ]

12. Frequency employee's MVRs are checked. \_\_\_\_\_

13. Will you use non-owned autos other than those owned by your employees? Yes No
[ ] [ ]
If yes, whose autos will your organization be using?
\_\_\_\_\_
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_