



NON-OWNED AUTO COVERAGE
PUBLIC AUTO SUPPLEMENTAL APPLICATION

Effective Date _____

Name _____ Policy No. _____

1. What types of non-owned autos will be used in your business?

2. How will they be used? _____

3. Total number of non-owned autos that might be used in your business: _____

4. What is the longest distance a non-owned auto will be driven on business for you? _____
Miles

5. What is the estimated annual mileage for all non-owned autos? _____
Miles

6. How often are non-owned autos used in your business? _____
Estimated number of hours/days per month: _____

7. Number of employees: _____
Number of employees who may operate their autos in your behalf: _____

8. If social service organization, how may volunteers furnish autos in your operation? _____
What is the maximum number at any time? _____

9. Do you require employees to have their own insurance? YES NO
[] []
If yes, what are the minimum limits required? _____

10. Do you require proof of insurance? [] []

11. How often do you check employees' driving records? _____
Will you use non-owned autos other than those owned by your employees? [] []
If yes, describe. _____

Applicant's Signature

Date