

NEGLEY
ASSOCIATES
UNDERWRITING MANAGERS

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**NON-OWNED & HIRED AUTOMOBILE LIABILITY
SUPPLEMENTAL APPLICATION**

1. Applicant _____
2. Do you own or lease vehicles? Yes No
3. Do you have an automobile liability policy in force? Yes No If yes, provide carrier's name and policy limits. _____
4. How many employees and/or volunteers regularly use their vehicles on your behalf? Employees ____ Volunteers ____
5. How often are vehicles used in your business? Daily Weekly Monthly
6. Do you obtain a copy of their driver's license? Yes No
7. Do you obtain a Motor Vehicle Report (MVR)? Yes No
8. Do you obtain a copy of the employee's/volunteer's auto liability insurance policy? Yes No
9. Do you require minimum limits of liability? Yes No If yes, what limits? _____
10. Do you use hired autos? Yes No If yes, please describe circumstances, including frequency.

11. Do you transport clients? Yes No
12. Have there been any non-owned or hired auto liability claims and/or incidents which have occurred in the last 3 years? Yes No

Date of Loss	Amount Paid or Reserved	Claimant's Name	Description of Accident
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Executive Director's Signature Date
Please retain a copy of the completed application. A copy with the required signature must be returned to our office.