

## Non-Owned Auto Coverage Application

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| <p>1. Why is non-ownership liability being requested?<br/>         _____<br/>         _____<br/>         _____</p>   | <p>8. Do your employees lease autos on insured's behalf? <span style="float: right;">Yes    No</span></p> <p style="text-align: center;">If yes, under whose name are autos leased?<br/> <span style="display: inline-block; width: 150px; text-align: center;">Employees</span> <span style="display: inline-block; width: 150px; text-align: center;">Insured</span></p> |
| <p>2. What types of non-owned autos will be used in the insured's business?<br/>         _____<br/>         _____</p>  | <p>9. What is the estimated annual mileage for use of all non-owned autos?<br/>         _____ miles</p>  |
| <p>3. What is the maximum distance which a non-owned auto may be driven from the insured's premise?<br/>         _____ miles</p>   | <p>10. Do you require employees to have their own insurance? <span style="float: right;">Yes    No</span></p>  |
| <p>4. Total number of non-owned autos used in the insured's business: _____</p>  | <p>11. Will you use non-owned autos other than those owned by the employees? <span style="float: right;">Yes    No</span></p> <p>If yes, describe relationship:<br/>         _____<br/>         _____<br/>         _____</p>   |
| <p>5. Total number of employees: _____</p>   |  |
| <p>6. If a social service operation, indicate total number of volunteers furnishing autos in the insured's operation: _____</p>  |  |
| <p>7. How often are non-owned autos used in the insured's business?</p> <p style="text-align: center;">Daily    Weekly    Monthly <span style="float: right;">Yes    No</span></p> <p>Estimated number of hours per month: _____</p> | <p>12. Does the insured understand that we intend to audit his records regarding the cost of hire and/or non-owned exposures:<br/>         _____</p>   |

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