

Agent Name _____
and Address _____
Phone _____ Fax _____

Non-Owned Auto Coverage Transportation Supplemental Application

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

1. Why is non-owned auto coverage being requested? _____
2. What type of non-owned autos will be used in the insured's business? _____
3. How will they be used? _____
4. What is the maximum distance which a non-owned auto may be driven from the insured's premises? _____ miles.
5. Total number of non-owned autos used in the insured's business: _____
6. Total number of employees: _____
7. If a social service operation, indicate total number of volunteers furnishing autos in the insured's operation: _____
8. Maximum number of volunteers at any one time: _____
9. How often are non-owned autos used in the insured's business? Daily Weekly Monthly
10. Estimated number of hours per month: _____
11. Do your employees lease/rent autos on insured's behalf? Yes No
If yes, under whose name are autos leased/rented? Insured's Employee's
12. What is the estimated annual mileage for use of all non-owned autos? _____
13. Do you require employees to have their own insurance? Yes No
If yes, what are the minimum limits required? _____
14. Do you require evidence of insurance? Yes No
15. Will you use non-owned autos other than those owned by your employees? Yes No
If yes, describe relationship: _____

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 _____