

COURIER

HIRED & NON-OWNED AUTO APPLICATION

Agent: _____

A. GENERAL INFORMATION

1. Applicant's Name: _____
2. Contact Person: _____ Phone Number: _____
3. Street Address: _____
4. City: _____ State: _____ Zip: _____
5. Website Address: _____
6. Individual Partnership Corporation LLC Other _____
7. Policy Effective Date: _____
8. Years operating in your current business name? _____
9. Have you owned a similar business or had any change in ownership, management or name of your current business in the past 5 years: Yes No If yes, please explain: _____
10. Is your business a subsidiary of another entity or does your business have any subsidiaries? Yes No
If yes, please explain: _____
11. Total number of locations to be scheduled on the policy: _____
12. List the complete address for all locations to be scheduled on the policy:

B. COVERAGES REQUESTED

- Hired and Non-Owned Liability Limits: \$100,000 \$300,000 \$500,000
 \$1,000,000 \$1,500,000 \$2,000,000

C. OPERATIONS

1. What do you deliver? _____
2. Number of drivers (Employed and Contracted)? _____ **MUST PROVIDE MVR'S OF ALL DRIVERS FOR A QUOTE**
3. What is the minimum age of drivers? _____
4. Do all drivers have at least 2 years of driving experience? _____
5. Do you have a Driver Safety Manual? Yes No If yes, please provide a copy.
6. What is your radius of operations? _____
7. Do you haul hazardous materials? Yes No
8. Do you need filings completed? Yes No If yes, what kind? _____
9. What is your radius of operations? _____
10. What auto liability limits are the drivers required to maintain? _____
11. What type of autos are used and how many?
 Private Passenger How Many?
 Pick Ups/Vans How Many?
 Light Trucks How Many?
 Medium Trucks How Many?
 Heavy Trucks How Many?
 Extra Heavy Trucks How Many?
 Tractors How Many?
 Trailers How Many?

| D. PRIOR AUTO INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.) | | | | | | |
|--|-------------------|----------|---------|------------------------------|----|------------------------------------|
| Policy Dates | Insurance Carrier | Policy # | Premium | *Total Auto Liability Claims | | Cancelled or Non-Renewed? (Reason) |
| | | | \$ | # | \$ | |
| | | | \$ | # | \$ | |
| | | | \$ | # | \$ | |
| | | | \$ | # | \$ | |
| | | | \$ | # | \$ | |

*5 Years of loss runs are required, please attach. Please also describe any loss over \$25,000:

E. AGREEMENTS AND SIGNATURES

APPLICANT: I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. THIS APPLICATION ALONE DOES NOT BIND COVERAGE.

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

F. SPECIAL COVERAGE RESTRICTION

I have read endorsement **SPECIAL RESTRICTIONS AND EXCLUSIONS** and agree to its terms as a condition of the policy being issued by the company. I understand that coverage for a claim may be denied if we do not adhere to any of the terms of **SPECIAL RESTRICTIONS AND EXCLUSIONS**.

Applicant's Signature _____ Producer's Signature _____

Date _____ Date _____