**NON-OWNED & HIRED CAR APPLICATION**

**NAME OF INSURED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(a) Does the Insured own any vehicles? YES NO

1. Is the Insured responsible for the transportation

of third parties on a regular basis? YES NO

1. Does any contract or lease agreement exist to supply

vehicles to the Insured for transportation of third parties? YES NO

1. Number of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do employees or principals use their own vehicles on

behalf of the Insured? If YES, indicate frequency and

details of usage. YES NO

1. It is a condition of this coverage that the Insured require

their employees or principals using their own vehicles on

behalf of the Insured to carry at least the minimum limits of liability required by law to operate a vehicle in the state in which the vehicle is principally garaged. AGREED NO

**Please note that coverage will be excess over any valid and collectible insurance. Coverage is NOT provided for employees and volunteers as individuals.**

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## DATE INSURED