

**HIRED AND NON-OWNED AUTO EXCESS LIABILITY APPLICATION**

**PLEASE READ THIS FIRST BEFORE COMPLETING THE APPLICATION: HIRED AND NON-OWNED AUTO COVERAGE PROTECTS YOUR BUSINESS (NOT THE INDIVIDUAL DRIVER OR DRIVER'S AUTO) IF AN EMPLOYEE USING THEIR OWN AUTO IS INVOLVED IN AN ACCIDENT WHILE ON COMPANY BUSINESS and CAUSED THE ACCIDENT. THIS COULD BE DRIVING TO A JOB SITE, GOING TO THE POST OFFICE, OR PICKING UP SUPPLIES. THIS COVERAGE IS EXCESS OVER YOUR EMPLOYEE'S AUTO COVERAGE. IT IS NOT PRIMARY COVERAGE.**

How did you hear about WaterColor Management? \_\_\_\_\_

1. Applicant/Named Insured: \_\_\_\_\_
2. Does Applicant/Named Insured have a Business Auto Policy in force?      Yes      No      If Yes:
  - a. Name of Insurer: \_\_\_\_\_      **\*\*\*We will need 3 years loss runs from the current policy.\*\*\***
  - b. Policy Number: \_\_\_\_\_
  - c. Policy Term: \_\_\_\_\_
  - d. Limit of Liability: \_\_\_\_\_
  - e. What are the coverage symbols for the BAP liability coverage: \_\_\_\_\_
  - f. Does the BAP have the endorsement "Hired Autos Covered as Autos You Own"?      Yes      No
3. How many company owned vehicles used in business: \_\_\_\_\_
4. Are there any vehicles not solely owned by and registered to Applicant/Named Insured?      Yes      No  
If Yes provide details: \_\_\_\_\_
5. How many employees does Applicant/Named Insured have in total? \_\_\_\_\_
6. Do any employees use their personal vehicles for business purposes/company business (not including their commute to and from the premises)?      Yes      No Details: \_\_\_\_\_
7. Do any employees drive their personal vehicles to and from any work sites?      Yes      No. If YES, provide:
  - a. Number of those employees: \_\_\_\_\_
  - b. The average number of trips per day: \_\_\_\_\_
  - c. Average distances traveled each way: \_\_\_\_\_
8. Does Applicant/Named Insured have any employees under 25 years of age who drive their autos on company business :      Yes      No      If YES: How many drive for business purposes or commute to & from work sites using their own autos? \_\_\_\_\_

9. Does Applicant/Named Insured collect & maintain insurance cards of personal auto insurance from employees, including cards for their policy renewals? Yes No

**ATTACH A COPY OF EACH EMPLOYEE'S INSURANCE CARD TO THIS APPLICATION IF THE EMPLOYEE WILL USE THEIR AUTO ON COMPANY BUSINESS.**

10. Does Applicant/Named Insured mandate that all employees carry auto insurance with limits no less than the required state minimums? Yes No If Yes, what is the limit? \_\_\_\_\_

11. Does Applicant/Named Insured verify that the employee's personal autos are in good working condition and regularly maintained? Yes No If Yes, provide details: \_\_\_\_\_

12. Does Applicant/Named Insured have a formal driver safety training program? Yes No If Yes, describe: \_\_\_\_\_

13. Does Applicant/Named Insured have a formal driver recruitment method? Yes No If Yes, describe: \_\_\_\_\_

14. Does Applicant/Named Insured obtain & review driver MVR's before/during hiring process? Yes No

15. Does Applicant/Named Insured obtain & review driver MVR's annually? Yes No

16. We are required to obtain the Motor Vehilce Record (MVR) for each employee who will drive their auto on company business. Please list all such drivers information below for us to obtain MVR's.

If more than 10 drivers Please list on separate page.

DRIVER NAME:	DATE OF BIRTH:	SS NUMBER:	LICENSE STATE:	LICENSE NUMBER:

17. If the MVR record is poor, what corrective action is taken?

\_\_\_\_\_

18. Does Applicant/Named Insured have a policy prohibiting the use of cell phones while driving?      Yes      No
19. Does Applicant/Named Insured or any of your employees ever hire registered motor vehicles from other parties (do not include long-term leases of a year or more)?      Yes      No      If Yes,
- a. Provide details: \_\_\_\_\_
- b. Are those hired vehicles always insured by the owner      Yes      No
- c. Does Applicant/Named Insured have a contract with the owner requiring them to carry Liability Insurance?  
    Yes      No
- d. What limit of liability insurance does the owner maintain? \_\_\_\_\_

20. **WARRANTY:**

AS APPLICANT FOR THIS COVERAGE, I WARRANT THAT the following is true:

- a. We receive and review MVRs annually on all employees and requires that all employees carry automobile insurance with limits no less than the required stated minimums or provide access to such information to the underwriters.
- b. Only those drivers that meet the following conditions will be allowed to drive on company business:
1. Drivers over the age of 25,
  2. No driver has more than two (2) moving violations within past three (3) years,
  3. No driver may have At fault accidents within past three (3) years if the property damage was greater than \$2500 or there was a bodily injury claim.
  4. No driver has convictions of Driving Under The Influence (DUI), Reckless Driving, Driving While Intoxicated (DWI), Vehicular Manslaughter, Driving Dangerously, or other similar type of offence.

\_\_\_\_\_  
 Signature of Applicant/Named Insured

\_\_\_\_\_  
 Date

21. **HIRED AND NON OWNED POLICY DISCLOSURE STATEMENT**

**UNINSURED/UNDERINSURED MOTORIST, MEDICAL PAYMENTS AND PERSONAL INJURY PROTECTION COVERAGES ARE NOT INCLUDED**

**Your Hired and Non-Owned Auto Liability does not provide any Uninsured/Underinsured, Medical Payments OR Personal Injury Protection coverage. It provides coverage only for third parties who have suffered bodily injury or property damage as a result of an accident caused by your employee while driving his or her own auto on company business.**

**I UNDERSTAND AND ACKNOWLEDGE THE ABOVE DISCLOSURE.**

\_\_\_\_\_  
**Applicant's/Named Insured's Signature**

\_\_\_\_\_  
**Date**