



114 W Magnolia St. Ste 505 Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: info@bell-uw.com

HIRED/NON-OWNED AUTO SUPPLEMENTAL

Date: _____

Insured: _____

Producer: _____

1. Hired Auto – Sub-haul, brokerage, vehicles leased w/o operators

1. Does the insured hire/lease vehicles with operators, without operators or both?

2. If "with operators" or "both," please attach a copy of the contract and complete the following:

A. How many do they employ? _____ How often? _____

B. Do leased/hired vehicles operate under a sub-haul contract, brokerage contract or both?

C. What is the annual cost of hire? _____

REQUIRED - PLEASE ATTACH A COPY OF THE INSURED'S MOST CURRENT DETAILED FINANCIAL STATEMENT OR P&L

D. Do any hired/leased vehicles operate under the permit/authority of the insured? Yes No

If "Yes," please explain: _____

E. What is the average radius of operation for hired/leased vehicles? 0-50 miles 51-200 miles 201-500 miles 500+ miles

F. Whose name is on the bill of lading? Insured's Hired/leased vehicle owner's Other _____

G. Is the hired/leased vehicle owner required to name the insured as an additional insured on their policy? Yes No

H. What Auto Liability limits are required of the hired/leased vehicle owner? _____

I. Does the insured lease, rent or lend trailers to hired/leased vehicle owners? Yes No

J. Are hired/leased vehicles dispatched by insured? Yes No By whom? _____

K. Are hired/leased vehicles part of the regular fleet safety program? Yes No

L. Are hired/leased vehicle files administered by the insured? Yes No

M. Is insurance validated on sub-haulers prior to them being dispatched? Yes No

3. If "without operators" or "both," please complete the following:

A. What types of vehicles are leased? _____

B. What is the average number of vehicles leased per month? _____

C. What is the average term of lease? _____

D. What is the annual cost of hire? _____

E. If physical damage coverage is required, what is the average value per unit? _____ Maximum value? _____

4. Do you understand that we may audit your records for hired auto exposure, which might result in an additional premium? Yes No

5. Do you have a motor carrier brokerage authority? Yes No

If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No

What is your motor carrier brokerage number? _____

2. Non-Owned Auto – Vehicles not owned/leased by the insured used during the regular course of business

1. What type of non-owned autos will be used in insured's business? _____

2. How often are non-owned autos used in the insured's business? Daily Weekly Monthly

3. Total estimated number of non-owned autos used: _____ Estimated average hours per month: _____

4. How will they be used? _____



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5. Do you require employees to have their own insurance? Yes No If yes, what are the minimum AL limits required? _____
6. What is the maximum distance which a non-owned auto is driven from the insured's premises? _____
7. What is the estimated annual mileage for all non-owned autos? _____
8. Will insured use non-owned autos other than those owned by insured's employees? Yes No
9. If "Yes," please describe relationship and use: _____

3. Insured/Producer Signature

APPLICANT PLEASE READ

FRAUD WARNING:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful for knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: By signing below, I acknowledge that I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements and answers are a just, true and full exposition of all of the facts and circumstances with regard to the risk to be insured.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____