

**BRAZOS SPECIALTY RISK
HIRED AND NON-OWNED AUTO SUPPLEMENTAL INFORMATION**

Name and address of applicant: _____

Number of owned autos _____. Are we to provide coverage on owned autos? Yes No

COMPLETE IF HIRED AUTO COVERAGE IS DESIRED:

1. Estimated cost of hired autos: _____. Do you barter or borrow for the use of autos? Yes No
If yes, explain: _____

2. Do any of your agents, independent contractors, or employees lease autos in your name? Yes No
If yes, explain: _____

3. Type of autos hired: _____
What is the gross vehicle weight of commercial autos? _____
Do you hire any dumping, sand gravel, or similar units of any type? _____

4. What is the average term of the lease? _____

5. Are the same autos leased or does it vary? _____ Same autos _____ Varies

6. What percentage of the hired autos' revenue is paid to owners of the hired autos? _____ %

7. Do you provide drivers to operate hired autos? Yes No
If no, will the drivers be required to provide a Certificate of Insurance? Yes No
What are the minimum liability limits required by the lessee (you)? _____

8. Is there a written lease agreement? If yes, attach a copy. Yes No

9. Will you be named as an additional insured on the lessor's policy? Yes No

10. Do you lease, hire, rent or borrow any auto (other than a private passenger type auto)
Owned or leased by your employees, partners or members of their household? Yes No
If yes, give details and how many. _____

11. Do you own or control any subsidiary or are you affiliated with any other corporation? Yes No
If yes, what is the business of the subsidiary or affiliate? _____

12. Do you have an ICC broker's authority or provide a brokerage service? Yes No

13. Are ICC or state regulatory filings required? Yes No

14. Do you maintain driver files and maintenance files for all hired autos used by you?

15. Do you understand that we intend to audit your records regarding the cost of hire Yes No

16. Is the premium financed? Yes No

- **Note to General Agent: if hired auto coverage is provided, notify the premium Finance company of the audit requirements.**

COMPLETE IF NON-OWNED AUTO COVERAGE IS DESIRED:

1. Why is non-ownership liability coverage being requested? _____

2. What types of non-owned autos will be used in your business? _____
How will they be used? _____

3. What is the maximum distance which a non-owned auto may be driven from your premises? _____ Miles.
4. Total number of non-owned autos used in your business? _____
5. Total number of employees? _____
6. How often are non-owned autos used in your business? Daily Weekly Monthly
Estimate number of hours used daily, weekly, monthly _____
7. Do your employees lease autos on your behalf? Yes No
If yes, under whose name are autos leased? Employees Insured
8. What is the estimated annual mileage for use of all non-owned autos? _____ Miles.
9. Do you require employees to have their own insurance? Yes No
If yes, what are the minimum limits you require? _____
Do you require evidence of insurance? Yes No
10. Will you use non-owned autos other than those owned by your employees? Yes No
If yes, describe relationship. _____

11. If your operations include delivery (i.e. fast food, couriers, newspaper, driveaway contractors) what are the number of deliveries per employee per day _____. Gross receipts from delivery operations _____
Maximum number of employees per day using non-owned autos _____
12. If a social service operation, indicate total number of volunteers furnishing autos in your operation. _____
Maximum number of volunteers at any one time. _____

(Applicant's signature)

(Date)