



# Hired and non-owned auto coverage supplement

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1. Applicant's name:

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2. Are there any vehicles owned or titled to the applicant?      Yes      No

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3. Does the applicant lease any vehicles on a long term basis?      Yes      No

a. If yes, how many?

b. Please give details:

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4. Does the applicant have a commercial auto policy?      Yes      No

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5. Do employees use their own automobiles while performing their employment duties?      Yes      No

a. If yes, how many employees use their vehicles for work purposes?

b. What duties do employees use their vehicles for?

c. Do you verify that all employees who use their own vehicles for work carry insurance?  
Yes      No      If yes, how you verify coverage:

d. What limits of insurance do you require employees to maintain?

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6. Will the applicant use non-owned autos other than those owned by their employees?      Yes      No

a. If yes, how many?

b. Give details:

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7. Does the applicant own or control any subsidiary or is it affiliated with any other corporation?  
Yes      No

If yes, how many?

a. Are vehicles leased by or via the subsidiary?      Yes      No

b. Are vehicles leased or via the affiliate?      Yes      No

c. What is the business of the subsidiary or affiliate?

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8. Have there been any hire & non-owned auto liability claims and/or incidents in the last 4 years?  
Yes      No

a. If yes, give details:

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The undersigned authorized officer of the Applicant declares that the preceding statements and particulars contained in this are true and the undersigned has not suppressed or misstated any material facts and agrees that this declaration shall be the basis of any contract between the Applicant and GuideOne Insurance. The undersigned authorized officer understands that GuideOne will rely on the information provided herein and agrees that if any information supplied on the application changes between the date of the application and the effective date of the insurance, the undersigned will immediately notify GuideOne of such changes. GuideOne has the sole and absolute discretion, at any time, to accept or reject this application.

Signing this form or submission of payment does not bind the applicant or GuideOne to complete the insurance. however, if coverage is bound, this application and any additional information provided by the applicant becomes a part of the policy.

**Signature/date:**

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**Title:**

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