

# Hired & Non-Owned Auto Supplement

Commonwealth Underwriters, Ltd.  
P.O. Box 5441  
Richmond, VA 23220  
(800) 396-6226 FAX: (804) 213-0429

Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

**This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application. Notify premium finance company of hired auto audit requirements.**

## HIRED AUTO COVERAGE

1. Number of autos (as defined in the policy) to be scheduled on the policy: \_\_\_\_\_
2. Gross receipts: Past Year \$ \_\_\_\_\_ Estimate for Coming Year \$ \_\_\_\_\_
3. Type of operation (give description of operation): \_\_\_\_\_  
\_\_\_\_\_
4. Type of policy:    G Commercial Auto    G Trucker    G Public
5. Annual cost incurred for hired autos: \$ \_\_\_\_\_. Is the insured involved in any arrangements for the borrowing or bartering for the use of autos? G Yes    G No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. Does any agent, independent contractor, or employee lease autos in the Insured's name? G Yes    G No  
If yes, explain: \_\_\_\_\_
7. Does the insured utilize owner/operators, independent contractors, or subcontractors? G Yes    G No  
If yes, how many? \_\_\_\_\_? Are they under permanent lease to the insured? G Yes    G No  
Are they shown as scheduled autos on your application? G Yes    G No  
If no, is their cost included in the estimated cost of hired autos in question 5 above? G Yes    G No
8. Types of autos hired: \_\_\_\_\_  
What is gross vehicle weight of commercial autos? \_\_\_\_\_  
What is passenger capacity of public autos? \_\_\_\_\_
9. What is the average term of lease? \_\_\_\_\_
10. Are the same autos leased or does it vary?    G Same Autos    G Varies
11. If the same, explain why the autos cannot be scheduled on the policy. \_\_\_\_\_  
\_\_\_\_\_
12. What percentage of the hired autos' revenue is paid to owners of the hired autos? \_\_\_\_\_ %
13. Are drivers to be provided by the insured to operate hired autos? G Yes    G No  
If no, will the drivers be required to provide Certificates of Insurance? G Yes    G No  
What are the minimum liability limits required by the lessee (named insured)? \_\_\_\_\_  
\_\_\_\_\_
14. Will the insured be named as an additional insured on the lessor's policy? G Yes    G No
15. Does the insured lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the insured's employees, partners or members of their household? G Yes    G No  
If yes, give details and how many. \_\_\_\_\_  
\_\_\_\_\_

16. Does the insured own or control any subsidiary or is it affiliated with any other corporation? G Yes    G No  
 If yes, are vehicles leased from that subsidiary or affiliate? G Yes    G No
17. What is the business of the subsidiary or affiliate? \_\_\_\_\_  
 \_\_\_\_\_
18. Are ICC or state regulatory filings required? G Yes    G No
19. Does the insured have an ICC broker's authority or provide a brokerage service? G Yes    G No
20. Does the insured understand that we intend to audit his records regarding the cost of hire? G Yes    G No
21. Is the premium financed? G Yes    G No

**NON-OWNED AUTO COVERAGE – This coverage not available unless written with primary auto liability including hired auto coverage**

1. Why is non-ownership liability coverage being requested? \_\_\_\_\_  
 \_\_\_\_\_
2. What types of non-owned autos will be used in the insured's business? \_\_\_\_\_  
 \_\_\_\_\_  
 How will they be used? \_\_\_\_\_  
 \_\_\_\_\_
3. What is the maximum distance which a non-owned auto may be driven from the insured's premises? \_\_\_\_\_ miles.
4. Total number of non-owned autos used in the insured's business? \_\_\_\_\_
5. Total number of employees? \_\_\_\_\_
6. If a social service operation, indicate total number of volunteers furnishing autos in the insured's operation. \_\_\_\_\_ Maximum number of volunteers at any one time. \_\_\_\_\_
7. How often are non-owned autos used in the insured's business?  Daily     Weekly     Monthly  
 Estimate number of hours used per month. \_\_\_\_\_
8. Do your employees lease autos on insured's behalf? G Yes    G No  
 If yes, under whose name are autos leased?  Employees     Insured
9. What is the estimated annual mileage for use of all non-owned autos? \_\_\_\_\_ miles.
10. Do you require employees to have their own insurance? G Yes    G No  
 If yes, what are the minimum limits required? \_\_\_\_\_  
 Do you require evidence of insurance? G Yes    G No
11. Will you use non-owned autos other than those owned by your employees? G Yes    G No  
 If yes, describe relationship. \_\_\_\_\_  
 \_\_\_\_\_

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.**

Completed by insured \_\_\_\_\_ Date \_\_\_\_\_

(Insured's Signature)