

Roush Insurance Services, Inc.

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NON-OWNED AND HIRED AUTO COVERAGE SUPPLEMENTAL QUESTIONNAIRE

Applicant's Name: _____ _____	Agency Name: _____
Mailing Address: _____ _____	Agent No.: _____
Location Address: _____ _____	Address: _____ _____
	E-mail: _____
	Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

HIRED AUTO COVERAGE

Complete if hired auto coverage is desired.

- Does applicant own any commercial vehicles? Yes No
Number of employees: _____ Website address: _____
- Why is hired auto coverage being requested? _____

- Number of hired autos: _____
- Types of autos hired: _____
How are they used? _____
What is gross vehicle weight of commercial autos? _____
What is passenger capability of public autos? _____
- What is the average term of lease? _____
- What is the maximum distance in which a hired auto may be driven from the premises? _____
- Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant's employees, partners or members of their household? Yes No
If yes, give details and how many: _____

- Does any agent, independent contractor, or employee lease autos in the applicant's name? Yes No
If yes, explain: _____

9. At any time will you subcontract out work? Yes No
 If yes, what work is subcontracted? _____

Cost to subcontract: _____

10. Estimated cost of hired autos:
 This year: \$ _____ Last Year: \$ _____
 Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos?..... Yes No
 If yes, explain: _____

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

12. Are drivers to be provided by the applicant to operate hired autos? Yes No
 If no, will the drivers be required to provide Certificates of Insurance? Yes No
 What are the minimum liability limits required by the lessee (applicant)? _____

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

14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation? Yes No
 If yes, are vehicles leased from the subsidiary or affiliate? _____

15. What is the business of the subsidiary or affiliate? _____

16. Does the applicant have an ICC broker's authority or provide a brokerage service? Yes No

17. Loss History:
 Has applicant had any hired auto losses in the past? Yes No

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. Check if no losses in the last three years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	

Applicant's Signature: _____ Date: _____

NON-OWNED AUTO COVERAGE

Complete if Non-Owned auto coverage is desired.

1. Does applicant own any commercial vehicles? Yes No
 Website address: _____

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

3. What types of non-owned autos will be used in the applicant's business? _____

How will they be used? _____

4. How often are non-owned autos used in the applicant's business? Daily Weekly Monthly
 Estimated number of hours per month: _____
5. What is the estimated annual mileage for use of all non-owned autos? _____ miles
6. What is the maximum distance which a non-owned auto may be driven from the applicant's premises? ... _____ miles
7. Total number of non-owned autos used in the applicant's business: _____
8. Total number of employees:..... _____
9. Total number of officers and partners:..... _____
10. If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation: _____
 Maximum number of volunteers at any one time: _____
11. Do employees lease autos on the applicant's behalf?..... Yes No
 If yes, under whose name are autos leased? Employees Applicant
12. Does the applicant require employees and volunteers to have their own insurance? Yes No
 If yes, what are the minimum limits required? _____
 Does the applicant require evidence of insurance?..... Yes No
13. Will the applicant use non-owned autos other than those owned by employees? Yes No
 If yes, describe relationship: _____
14. Does the applicant obtain motor vehicle records for all drivers?..... Yes No
15. Loss History:
 Has applicant had any non-owned auto losses in the past?..... Yes No

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. Check if no losses in the last three years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	

Applicant's Signature: _____ Date: _____