
16. Does the insured own or control any subsidiary or is it affiliated with any other corporation? Yes No
 If yes, are vehicles leased from that subsidiary or affiliate? Yes No
17. What is the business of the subsidiary or affiliate? _____

18. Are ICC or state regulatory filings required? Yes No
19. Does the insured have an ICC broker's authority or provide a brokerage service? Yes No
20. Does the insured understand that we intend to audit his records regarding the cost of hire? Yes No
21. Is the premium financed? Yes 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? Yes 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? Yes No
 If yes, what are the minimum limits required? _____
 Do you require evidence of insurance? Yes No
11. Will you use non-owned autos other than those owned by your employees? Yes No
 If yes, describe relationship. _____

Completed by insured _____ Date _____
 (Insured's Signature)