



**HIRED AND NON-OWNED SUPPLEMENTAL APPLICATION  
(NOT ELIGIBLE IN ILLINOIS, LOUISIANA, VERMONT, AND WISCONSIN)**

**APPLICANT INFORMATION:**

NAME:			
MAILING ADDRESS:			
PROPOSED EFF DATE:	FROM:	TO:	WEBSITE:
FORM OF BUSINESS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION		YEARS IN BUSINESS
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER			

**GENERAL INFORMATION:**

1. Coverage Desired:	Hired and Non-Owned: <input type="checkbox"/> Non-Owned Only: <input type="checkbox"/> <b>Hired Only is ineligible</b>
2. Why is Hired and/or Non-Owned Auto Coverage being requested?	
3. Number of employees, volunteers, executive officers and partners? (eligible up to 15)	
4. What type of Hired Non-Owned autos will be used in the Applicant's business (e.g. private passenger, van, other than private passenger or van)?	

**If Yes to any of the following questions, risk is ineligible.**

5. Are there any Hired or Non-Owned exposures in the states of Illinois, Louisiana, Vermont, or Wisconsin?	OYes ONo																																				
6. Has Applicant ever had any Hired or Non-Owned Auto losses?	OYes ONo																																				
7. Does Applicant have a commercial auto policy?	OYes ONo																																				
8. Does Applicant own any autos?	OYes ONo																																				
9. Does Applicant perform any Delivery Services?	OYes ONo																																				
10. Is the Applicant involved in any of the following businesses?																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Auto Repair</td> <td align="center"><input type="checkbox"/></td> <td>Medical Equipment Supply Store</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Caterers</td> <td align="center"><input type="checkbox"/></td> <td>Pizza Parlors</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Churches/Religious Organizations</td> <td align="center"><input type="checkbox"/></td> <td>Real Estate Agents</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Conducting/Planning Special Events</td> <td align="center"><input type="checkbox"/></td> <td>Sales Professionals</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Consultants</td> <td align="center"><input type="checkbox"/></td> <td>Schools</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Contracting Risk</td> <td align="center"><input type="checkbox"/></td> <td>Truckers/Freight Forwarders</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Couriers/Express Messengers</td> <td align="center"><input type="checkbox"/></td> <td>Visiting Nurse/Home Health Aids</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Fast Food Restaurants</td> <td align="center"><input type="checkbox"/></td> <td>Warehouses</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Florist</td> <td align="center"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Auto Repair	<input type="checkbox"/>	Medical Equipment Supply Store	<input type="checkbox"/>	Caterers	<input type="checkbox"/>	Pizza Parlors	<input type="checkbox"/>	Churches/Religious Organizations	<input type="checkbox"/>	Real Estate Agents	<input type="checkbox"/>	Conducting/Planning Special Events	<input type="checkbox"/>	Sales Professionals	<input type="checkbox"/>	Consultants	<input type="checkbox"/>	Schools	<input type="checkbox"/>	Contracting Risk	<input type="checkbox"/>	Truckers/Freight Forwarders	<input type="checkbox"/>	Couriers/Express Messengers	<input type="checkbox"/>	Visiting Nurse/Home Health Aids	<input type="checkbox"/>	Fast Food Restaurants	<input type="checkbox"/>	Warehouses	<input type="checkbox"/>	Florist	<input type="checkbox"/>			
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11. Please describe all business and operations for which Applicant is engaged:																																					

**NON-OWNED AUTO**

1. Describe Non-Owned Autos usage (include who is using hired autos; how they are being used; and approximate mileage driven for each)?	
2. Do employees lease autos on the Applicant's behalf?	OYes ONo
3. Does the Applicant require proof of insurance from employees? (If No, ineligible)	OYes ONo
4. Will the Applicant use Non-Owned Autos other than those owned by employees? (If Yes, ineligible)	OYes ONo
5. Does Applicant have written guidelines of what is an acceptable driving record?	OYes ONo
6. How many times per week are Non-Owned Autos used in the Applicant's business?	
7. Total number of Non-Owned Autos used in the Applicant's business? (eligible up to 15)	



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8. What is the estimated annual mileage for use of all Non Owned Autos? (eligible up to 2,500 miles)	
9. What is the maximum distance which a Non Owned Auto may be driven from the Applicant's premises? (radius of operation) (eligible up to 250 miles)	

<b>HIRED AUTO</b>	<input type="radio"/> Not Applicable
1. Describe Hired Autos usage (include who is using hired autos; how they are being used; and approximate mileage driven for each)?	
2. Number of Hired Autos per year? (eligible up to 6x a year)	
3. Does the Applicant lease, hire, or rent any auto other than a passenger type auto? (if Yes, ineligible)	<input type="radio"/> Yes <input type="radio"/> No
4. What is the average term of the lease (days)? (eligible up to 5 days)	
5. Approximate maximum distance (in miles) in which a Hired Auto may be driven from the rental premise? (eligible up to 250 miles)	
6. Does the Applicant own or control any subsidiary or is affiliated with any other Corporations for which HNOA Coverage is requested? (if Yes, ineligible)	<input type="radio"/> Yes <input type="radio"/> No
7. At any time will the Applicant subcontract their work? (if Yes, ineligible)	<input type="radio"/> Yes <input type="radio"/> No

**STATE FRAUD STATEMENTS:**

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimants with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Hampshire:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty



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not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Tennessee:** 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.

**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia:** 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.

**Washington:** 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.

**West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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**The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.**

Signature of Applicant\*: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Producer Code: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Signing this application does not bind the applicant or the company to complete the insurance**