

NON-OWNED AUTO COVERAGE QUESTIONNAIRE

1. Name of Applicant: _____

Name of Business: _____

2. Street Address: _____

Street

City

State

Zip

3. Any leased/owned autos? Yes No

If yes, from whom. _____

Is insurance purchased in the rental agreement? Yes No

Frequency? _____

Number of units? _____

Duration of use? _____

4. Number of employees? _____

Number of volunteers? _____

5. Do the employees/volunteers use their vehicles on behalf of the insured?

Never Occasionally Frequently

Explain. _____

6. Does the insured obtain copies of the individual or personal insurance policies from the employees or volunteers? Yes No

7. Do employees/volunteers have insurance coverage for this business auto exposure? Yes No

Limits on policies. _____

How frequently is this information updated? _____

8. Who is responsible for transportation of clients (ie. Patients, students, etc.) to and from the premises?

9. Is an employee or independent contractor of the insured involved in this transportation? Yes No

If yes, explain. _____

If independent contractor, answer the following:

Are Certificates of Insurance obtained? Yes No

Name of insurance company? _____

Limits of liability? _____

Applicants Signature _____ Title _____ Date _____