NON-OWNED AUTO QUESTIONNAIRE

Complete if Non-Owned Auto Coverage is desired.

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

_____

2. What type of non-owned autos will be used in the insured's business? _____

_____

How will they be used? _____

_____

_____

3. Maximum distance that 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 social service operation, indicate total number of volunteers furnishing autos: _____

Maximum number of volunteers at any one time: _____

7. How often are non-owned autos used in the insured's business? ☐ Daily ☐ Weekly ☐ Monthly

Estimated number of hours per month: _____

8. Do your employees lease autos on the insured's behalf? ☐ Yes ☐ No

If 'Yes', under whose name are autos leased? ☐ Employee's ☐ Insured's

9. What is the estimated annual mileage for use of all non-owned autos? _____ miles.

10. Do you require employees to have their own auto 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', please describe relationship: _____

_____

_____

_____

Applicant's Signature	Date	Witness