**APPLICATION FOR INSURANCE – HIRED & NON-OWNED AUTO**

If Hired and Non-Owned Auto Liability Coverage is requested, please answer the following questions.

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| **APPLICANT INFORMATION** | |
| Entity Name (Applicant): |  |
| Address: |  |
| City, State, Zip Code |  |

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| **Employees or Volunteers Driving Their Own Vehicles** | |
| 1. Check if training is provided for:  Safe Driving  Loading/Unloading | |
| 2. Do employees or volunteers drive their own personal vehicles for business activities? | Yes  No |
| 3. Do employees or volunteers use their personal vehicles to transport patients or clients? | Yes  No |
| 4. How many employee drivers are expected for this coverage? |  |
| 5. Do you require that all employee drivers have a valid driver’s license? | Yes  No |
| 6. Do you keep copies of all such licenses? | Yes  No |
| 7. Do you have Motor Vehicle Reports checked on all employee drivers & keep copies of such Vehicle Reports file? | Yes  No |
| 8. Do you require that all employee drivers carry personal auto liability of at least state required limits?  If so, what limit is required? | Yes  No |

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| **Employees or Volunteers Driving Patient’s or Client’s Vehicles** | |
| 1. Are employees or volunteers allowed to operate a patient’s or client’s vehicle? | Yes  No |
| 2. If YES, does the Applicant restrict use to business only? | Yes  No |
| 3. If YES, does the Applicant secure prior written permission from the patient or client and keep a copy of such permission on file? | Yes  No |
| 4. If YES, does the Applicant secure written verification that each patient or client maintains current in-force personal auto liability of at least state required limits?  If so, what limit is required? | Yes  No |

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| **Eligible Drivers and Acceptable Driving Records** | |
| 1. Do you agree to extend driving privileges only to persons over the age of twenty one (21) and under the age of seventy (70)? | Yes  No |
| 2. Do you agree to extend driving privileges only to employees and volunteers with acceptable driving records? Note: Acceptable driving records are:   1. No more than three moving violations or more than one chargeable accident during the past three (3) years. AND 2. No major convictions (including but not limited to driving under the influence of alcohol or drugs) within the past seven (7) years. AND 3. No license suspensors or revocations within the past seven (7) years. | Yes  No |

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| **SIGNATURES** | | |
| Signature of Owner, Officer, Partner, Shareholder, or Member | | |
| Name | Title | Email Address |
|  |  |  |
| Signature |  | |
| Date |  | |