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

If Hired and Non-Owned Auto Liability Coverage is requested, please answer the following questions. If space is insufficient to fully answer any question, complete the answer on a separate sheet and attach to this Application.

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| **SECTION 1. APPLICANT INFORMATION** |
| Entity Name (Applicant): |       |
| Address: |       |
| City, State, Zip Code |       |
| Phone Number: |       |
| FEIN: |       |

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| **SECTION 2. DESCRIPTION OF SERVICES AND PROCEDURES** |

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| **Employees or Volunteers Driving Their Own Vehicles** |
| 1. Do employees or volunteers drive their own personal vehicles for business activities? | [ ]  Yes [ ]  No |
| 2. 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?  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.  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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| **SECTION 3. SIGNATURES** |

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