



Effected with certain Lloyd's Underwriters through Chaucer Syndicate, **WaterColor Management** via **Lackner McLennan Insurance LTD**. 818 Victoria Street, North, Kitchner, ON, N2B 3C1, Canada LMICanada.com

HIRED AND NON-OWNED AUTO EXCESS LIABILITY APPLICATION

1. Applicant/Named Insured: _____

2. Street Address: _____

Mailing Address (if different than above): _____

Additional Locations (if any):

a. _____

b. _____

c. If additional space is necessary, please provide additional worksheet.

3. Does the applicant want to add a Collision and Comprehensive coverage for Hired Vehicles Yes No

Note: This coverage provides \$25,000 for comprehensive and collision damage to hired vehicles hired by the applicant. This coverage is subject to a \$2500 deductible pre accident.

4. Does Applicant/Named Insured have a Business Auto Policy in force? Yes No If Yes:

a. Name of Insurer: _____

b. Policy Number: _____

c. Policy Term: _____

d. Limit of Liability: _____

e. What are the coverage symbols for the BAP liability coverage: _____

f. Does the BAP have the endorsement "Hired Autos Covered as Autos You Own"? Yes No

5. How many vehicles used in business: _____

6. Are there any vehicles not solely owned by and registered to Applicant/Named Insured? Yes No

If Yes provide details: _____

7. How many employees does Applicant/Named Insured have in total? _____



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8. Do any employees use their personal vehicles for business purposes/company business (not including their commute to and from the premises)? Yes No Details: _____

9. Do any employees drive their personal vehicles to and from any work sites? Yes No. If YES, provide:

a. Number of those employees: _____

b. The average number of trips per day: _____

c. Average distances traveled each way: _____

10. Does Applicant/Named Insured have any drivers under 25 years of age: Yes No If YES: How many drive for business purposes or commute to & from work sites? _____

11. Does Applicant/Named Insured collect & maintain certificates of personal auto insurance from employees, including certificates for their policy renewals? Yes No

12. Does Applicant/Named Insured mandate a minimum limit of liability of Auto liability for employees who may use their personal autos for business? Yes No If Yes, what is the limit? _____

13. Does Applicant/Named Insured verify that the employee's personal autos are in good working condition and regularly maintained? Yes No If Yes, provide details: _____

14. Does Applicant/Named Insured have a formal driver safety training program? Yes No If Yes, describe: _____

15. Does Applicant/Named Insured have a formal driver recruitment method? Yes No If Yes, describe: _____

16. Does Applicant/Named Insured obtain & review driver MVR's before/during hiring process? Yes No

17. Does Applicant/Named Insured regularly check driver MVR's during term of empolyment? Yes No



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18. If the MVR record is poor, what corrective action is taken?

19. Does Applicant/Named Insured have a policy prohibiting the use of cell phones while driving? Yes No

20. Are 100% of your employees covered under Workman's Compensation? Yes No

21. Does Applicant/Named Insured or any of your employees ever hire registered motor vehicles from other parties (do not include long-term leases of a year or more)? Yes No If Yes,

a. Provide details: _____

b. Are those hired vehicles always insured by the owner Yes No

c. Does Applicant/Named Insured have a contract with the owner requiring them to carry Liability Insurance? Yes No

d. What limit of liability insurance does the owner maintain? _____

Signature of Applicant/Named Insured

Date

21. HIRED AND NON OWNED POLICY DISCLOSURE STATEMENT

A. LIABILITY LIMITS FOR THIS COVERAGE ARE THE SAME PER OCCURRENC OR ACCIDENT AS EXPRESSED ON THE DECLARATIONS PAGE TO WHICH THE COVERAGE EXTENSION IS ATTACHED.

B. UNINSURED/UNDERINSURED LIABILITY AND PERSONAL INJURY PROTECTION COVERAGES ARE NOT INCLUDED

I UNDERSTAND AND ACKNOWLEDGE THE ABOVE DISCLOSURE.

Applicant's/Named Insured's Signature

Date