



Effected with certain Lloyd's Underwriters through Chaucer Syndicate, **WaterColor Management** via **Brokerlink** 818 Victoria Street, North, Kitchener, ON, N2B 3C1, Canada

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? _____



- 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 employment? Yes No



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