



# AmWINS Access Insurance Services Hired & Non-Owned Auto Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

## APPLICANT INFORMATION

NAME: \_\_\_\_\_

## GENERAL INFORMATION

- 1. Does the applicant own any vehicles used for business purpose?  Yes  No
- 2. Does the applicant purchase a commercial auto liability policy?  Yes  No
- 3. How many employees does the applicant have? \_\_\_\_\_
- 4. Does the applicant require each employee/independent contractor to provide evidence of auto insurance?  Yes  No
- 5. Does the applicant require employees/independent contractors to maintain minimum Auto liability limits of at least \$100,00 per person/\$300,00 each accident or a combined \$300,000 single limit?  Yes  No
- 6. Does the applicant, employees or independent contractors regularly use their vehicle for business use?  Yes  No
- 7. Does the applicant have any prior losses related to a hired and/or Non-Owned auto?  Yes  No
- 8. Does the applicant lease, hire, rent or borrow any vehicles from others?  Yes  No
  - If Yes:
    - a. What is the average term of lease? \_\_\_\_\_
    - b. What is the annual frequency of obtaining such leases? \_\_\_\_\_
    - c. Is there a written agreement?  Yes  No

- 9. What reason do you lease, hire or rent vehicles from others? \_\_\_\_\_
- 10. What is the cost of leased, hired, or borrowed vehicles? \$ \_\_\_\_\_
- 11. Do only employees operate the leased, hired or borrowed vehicles?  Yes  No

## APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

## FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent \_\_\_\_\_ Date: \_\_\_\_\_