

Cannabis Insurance Program Non-Owned and Hired Auto Supplemental Application

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

SECTION I – GENERAL INFORMATION

Applicant name:							
Address:							
City:		State:		Zip:			
Phone:		Ext:		Website:			
Years in business under current management:			Date established:				
Type of enterprise:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint venture	<input type="checkbox"/> Partnership			
	<input type="checkbox"/> LLC	<input type="checkbox"/> Government	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Limited partnership			
	<input type="checkbox"/> Other: _____						

SECTION II – OPERATIONS INFORMATION

1. Does applicant have any owned autos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", are they insured under a commercial auto policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does applicant's business include delivery operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a shuttle service for customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", is it: <input type="checkbox"/> Contracted <input type="checkbox"/> Operated by applicant	
4. Does applicant ever transport people or goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain:	

SECTION III – NON-OWNERSHIP LIABILITY

1. Provide total number of employees:	
2. Provide total number of volunteers:	
3. Do employees and/or volunteers use their personal autos while performing duties on applicant's behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide details regarding use, frequency, and travel distance: _____	
4. Does applicant require employees and volunteers to provide evidence of personal auto insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", what are the minimum limits required? _____	
5. Explain any controls/procedures that are used by applicant to reduce exposure and/or liability in regards to the use of employee or volunteer automobiles used on applicant's behalf:	
6. Does applicant review MVRs of employees and/or volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", how often is this completed? _____	
7. Are written guidelines in place for acceptability of MVRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SECTION IV – HIRED AUTO LIABILITY

1. Does applicant anticipate leasing, hiring, or borrowing any vehicles for this policy term? Yes No

If "Yes", complete the following for types of applicable vehicles:

Type	Total # of days annually	Estimated cost (of hire)
Private passenger vehicles		
Trucks/service vehicles		
Bus/van		

2. Are any vehicles leased with drivers? Yes No

3. Are any vehicles leased, hired, or borrowed for more than 30 days? Yes No

If "Yes", please explain:

SECTION V – SIGNATURE, CONSENT & AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/ society. I agree to cooperate with these committees.

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

I have read the statements above, understand their meaning and agree.

Date: _____

Applicant's Signature: _____

Applicant's Name: _____

Applicant's Title: _____