



## Hired / Non-Owned Auto Supplemental Application

This application must be completed in conjunction with the CNA Allied Health Care Facilities Common Application.

### Instructions:

1. Please read the instructions carefully. Complete and submit all requested information and/or required attachments. This application and all materials submitted shall be held in confidence.
2. All application questions must be fully answered. If a question does not apply, please write "N/A".
3. If you need more space, continue on a separate sheet of your letterhead and indicate the question number.

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1. Name of Applicant: \_\_\_\_\_
  2. Corporate Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address: (if different) \_\_\_\_\_
  3. Does the applicant purchase an Auto Liability Policy for the purpose of covering owned autos?  yes  no
  4. What type of coverage is the applicant looking for?  Hired Auto  Non Owned Auto or  Hired and Non Owned Auto?
  5. How many locations does an employee drive to on the organization's behalf in a given day?  
 one  3-5 locations  more then 5 locations
  6. How many clients does your organization transport weekly? \_\_\_\_\_  
 a. What is the total number of employees who transport clients in their own vehicles? \_\_\_\_\_  
 b. What is the total number of employees who transport clients in the clients' own vehicles? \_\_\_\_\_  
 c. What is the total number of employees who transport clients in the applicant's vans or other vehicles? \_\_\_\_\_  
 d. What is the total number of volunteers who transport clients in their own vehicles? \_\_\_\_\_  
 e. What is the total number of volunteers who transport clients in the clients' own vehicles? \_\_\_\_\_
  7. For what reasons are clients transported? \_\_\_\_\_
  8. What is the total number of employees/officers and partners/volunteers who drive on the organizations behalf? \_\_\_\_\_
  9. a. Is non-owned automobile mileage incurred by employees/volunteers reimbursed by the applicant?  yes  no  
 b. What percentage of employees who transported clients in their own vehicle received reimbursement last year? \_\_\_\_\_%  
 c. . What percentage of volunteers who transported clients in their own vehicle received reimbursement last year? \_\_\_\_\_%  
 c. What was the total mileage reimbursed for the last fiscal year? \_\_\_\_\_ Miles
  10. What evidence of auto insurance does your organization require from employees/ volunteers using their personal autos?  
 none  certificates of insurance  
 copy of Auto ID Card  copy of auto policy  Other Explain \_\_\_\_\_
  11. Does the applicant:  
 Have a formal written policy on personal usage that addresses acceptable business use of personal vehicles?  yes  no  
 Does the applicant check MVR's and disciplinary procedures for unacceptable MVR's?  yes  no  
 Verification procedure re personal auto coverage and personal use reimbursement procedures?  yes  no



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Have a driver safety program?  yes  no

12. What minimum personal auto liability limits does the applicant require of employees using their personal vehicles in the applicant's business?

not required  statutory \$ \_\_\_\_\_  Other \_\_\_\_\_

13. Do employees and/or officers and partners lease or rent autos on the applicants' behalf?  yes  no

If yes,

- a. What is the number of autos leased \_\_\_\_\_#? What is the average term of the lease \_\_\_\_\_ (days)?
- b. For leased vehicles are you intending for coverage to satisfy the state financial responsibility laws?  yes  no
- c. What is the number of autos rented \_\_\_\_\_#? What is the average term of rental \_\_\_\_\_ (days)?
- d. How are the leased or rented vehicles used by the applicant? \_\_\_\_\_
- e. Are only private passenger type autos leased or rented?  yes  no  
If no, what type:  Transport Van  Bus  Other  
Explain \_\_\_\_\_  
Under whose name are the autos leased? \_\_\_\_\_

14. Previous hired and non-owned auto liability coverage:

Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Limits of Liability \_\_\_\_\_  
 Deductible \$ \_\_\_\_\_  
 Policy Period \_\_\_\_\_  
 Premium \$ \_\_\_\_\_

15. Provide an updated loss history dated within 60 days for the past 5 years (including the current year). Loss data must include the incident/occurrence date, report date/claim made date, expense payments, indemnity payments, expense reserves, indemnity reserves, description of allegation and close date.

**AUTHORIZATION**

I have answered the questions in the Application to the best of my ability and declare that, to the best of my knowledge, the statements set forth herein are true and correct. My signing of the Application does not bind the Insurance Company to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued.

**FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Signature in full \_\_\_\_\_ Date \_\_\_\_\_

Name - please print \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED.**

This product will be underwritten in one of the CNA property/casualty companies. CNA is a registered service mark and trade name of CNA Financial Corporation.