

1. GENERAL INFORMATION

Company Name: _____ Date: _____

Mailing Address: _____

Contact Name: _____ Phone: _____

Email Address: _____ Website: _____

Organization Type: Individual Partnership Corporation LLC

2. NON-OWNED AUTO INFORMATION

DO EMPLOYEES OR VOLUNTEERS USE THEIR AUTO FOR COMPANY BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU VERIFY THAT INSURANCE IS IN PLACE WITH LIMITS EQUAL TO YOUR LIMITS BEFORE EMPLOYEES OR VOLUNTEERS CAN USE THEIR AUTO? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF INDIVIDUALS DRIVING PERSONAL AUTOS: ___ N/A ___ VOLUNTEERS ___ EMPLOYEES

3. HIRED AUTO INFORMATION

DO YOU HIRE OR RENT VEHICLES FOR YOUR BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS THE COST OF HIRE? IF YES, DESCRIBE VEHICLE TYPES (TRUCKS, CARS, VANS, ETC.), ESTIMATE NUMBER, DURATION, USAGE
ARE ANY VEHICLES PROVIDED OR DONATED FOR YOUR USE AS A PART OF A SPONSORSHIP OR PROMOTIONAL AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO HIRED OR DONATED VEHICLE OWNERS REQUIRE YOU TO PROVIDE PRIMARY LIABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO HIRED OR DONATED VEHICLES TRANSPORT ANY OF THE FOLLOWING? SELECT ALL THAT APPLY. <input type="checkbox"/> PARTICIPANTS <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> STAFF <input type="checkbox"/> NONE
EXPLAIN AND IDENTIFY THE FREQUENCY AND DISTANCE TRAVELED PER TRIP:

3. HIRED AUTO INFORMATION (continued)

DOES THE LEASING COMPANY PROVIDE THE DRIVER(S) OR DO YOU USE YOUR OWN?

LEASING COMPANY SELF-PROVIDED

WHAT IS THE HIGHEST VALUED VEHICLES YOU HAVE LEASED OR INTEND TO LEASE (TYPE/VALUE)

WHAT IS THE MAXIMUM NUMBER OF VEHICLES LEASED AT ONE TIME?

DO YOU HIRE OR RENT VEHICLES FOR MORE THAN 30 DAYS?

YES NO

IF MORE THAN 30 DAYS, VEHICLE SHOULD BE SCHEDULED

PLEASE SIGN BELOW:

DATE

PRODUCER SIGNATURE

DATE