

National Casualty Company
 Home Office: Madison, Wisconsin
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

HIRED AND NON-OWNED AUTOMOBILE SUPPLEMENTAL APPLICATION

Name of Applicant: _____
 D/B/A: _____
 Street Address: _____

 P.O. Mailing Address: _____

 Phone Number: (____) _____
 FEIN/Social Security/Soundex No. _____
 Web site: _____

Agent Name: _____

 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

HIRED AUTO INFORMATION—Coverage Subject to Audit

1. **Why is hired auto coverage being requested?** _____
2. **Do you lease, hire, rent or borrow any vehicles from others?** Yes No
 What is the average term of the lease? _____
 Is there a written agreement? Yes No
 Does it include a Hold Harmless agreement and/or Additional Insured clause? Yes No
 Provide a copy of the agreement.
3. **Do you hire independent contractors?** Yes No
 If yes, do you require certificates of insurance? Yes No
 Provide a copy of the contract.
4. **If owner/operators are leased, will they be scheduled on your policy?** Yes No
 If yes, provide a copy of the agreement you use.
5. **Do you use sub-haulers?** Yes No
 If yes, provide cost of hire \$ _____
 Provide a copy of the contract.
6. **Do you lease, hire, rent, or borrow any vehicles from others without drivers?** Yes No
 Will they be scheduled on the policy? Yes No
 What is the average term of the lease? _____

7. What is your cost to lease, hire, rent or borrow vehicles?

With drivers..... Without drivers

Estimated cost of hired autos:

This year:..... Last year:.....

8. Is Hired Auto Physical Damage coverage desired?..... Yes No

If yes, average value of auto hired?

9. How many autos are hired on average within a twelve (12) month period?

10. How many hired autos are in the insured's possession at any one time?

11. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors _____% Trailers _____%

Heavy & Extra Trucks _____% Pickup trucks or Vans _____% Private Passenger Cars _____%

12. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes No

If yes, explain:

13. Do you arrange or dispatch loads for others, not including your own hired truckers? Yes No

Please explain:

Are you named on the Bills of Lading?..... Yes No

Annual number of Truckers: _____ Loads: _____

14. Do you have motor carrier brokerage authority? Yes No

If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation?..... Yes No

What is your motor carrier brokerage number?

Whose name appears on the Bill of Lading as the carrier?

What is your brokerage revenue for the most recent twelve (12) months?

Estimated next twelve (12) months?

15. Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium? Yes No

NON-OWNED AUTO INFORMATION—Coverage Subject to Audit

16. Why is non-ownership liability coverage being requested?

17. What types of non-owned autos will be used in your business?

Total number of non-owned autos used:.....

How will they be used?

18. How often are non-owned autos used in your business?

Daily Weekly Monthly Other:

Estimate the number of hours per month:

Estimated annual mileage for use of all non-owned autos:

19. Do any employees use their autos in your business? Yes No

If yes, what limit of liability insurance are they required to maintain?

Do you require evidence of insurance?

20. Will you use non-owned autos other than those owned by employees? Yes No

If yes, describe the relationship

21. Total number of employees: _____ Total number of officers and partners: _____

22. **If a social service operation, indicate the total number of volunteers furnishing autos in your operation:** _____
 Maximum number of volunteers at any one time: _____
 How will they use their vehicles? _____
23. **Are volunteers required to have their own insurance?** Yes No
 Minimum limits required: _____
24. **Do you obtain motor vehicle records for all employees and volunteers?** Yes No
25. **Do you understand that we may audit your records for Non-Owned auto exposure, which might result in an additional premium?** Yes No

FRAUD WARNING:

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 information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN FLORIDA):

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FRAUD WARNING (APPLICABLE IN MAINE):

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
 (Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
 (Applicable to Florida Agents Only)

Note to General Agent: If hired auto coverage is provided, notify the Premium Finance Company of the audit required.