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## Hired and Non-Owned Liability Supplemental Application

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

Applicant's Name \_\_\_\_\_ Agent Sheaner Insurance Agency  
\_\_\_\_\_ (214) 823-3003  
Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
\_\_\_\_\_ Web Address \_\_\_\_\_  
\_\_\_\_\_ Inspection Contact \_\_\_\_\_  
Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

### HIRED AUTO COVERAGE:

#### COMPLETE IF HIRED COVERAGE IS DESIRED

1. Why is hired auto coverage being requested?  
\_\_\_\_\_
2. Estimated number of hired autos annually? .....
3. Provide a description of the types of hired autos to be covered:  
\_\_\_\_\_
4. How are the hired autos used?  
\_\_\_\_\_
5. What is the maximum distance a hired auto is driven for business purposes?.....
6. What is the average term of the lease? .....
7. At any time, will you subcontract work to others as part of your business operations? .....  Yes  No  
If yes, provide a detailed description of the type of work subcontracted  
\_\_\_\_\_
8. Provide total COST paid to subcontractors.....
9. Is there a written contract agreement? .....  Yes  No  
If yes, attach a copy.
10. Do you require all subcontractors to provide a certificate of insurance for automobile liability? .  Yes  No
11. Do you lease, hire, rent or borrow any auto, other than a private passenger type.....  Yes  No  
that is owned or leased by the your employees, volunteers, partners or members  
of their household? If yes, give details and how many  
\_\_\_\_\_
12. Do you own any commercial vehicles? .....  Yes  No  
If yes, list below:

Description of Vehicle	Gross Vehicle Weight
_____	_____
_____	_____
_____	_____

- 13. Are any autos used for transportation of public passengers?.....  Yes  No  
If yes provide details below.
- 14. Does any agent, independent contractor, or employee lease autos in your name? .....  Yes  No  
If yes explain below.
- 15. Are you involved in any arrangements for the borrowing or bartering for the use of any auto? ..  Yes  No  
If yes provide details below.
- 16. What percentage of the hired auto revenue do you pay to the owners of the autos? ..... \_\_\_\_\_
- 17. Do you provide drivers to operate hired autos? .....  Yes  No  
If no, will the drivers be required to provide certificates of insurance? .....  Yes  No
- 18. What are the minimum liability limits required by the lessee? \_\_\_\_\_
- 19. Will you be named as an additional insured on the lessors policy? .....  Yes  No
- 20. Do you own or control any subsidiary, or are you affiliated with any other entity? .....  Yes  No  
If yes, provide complete details below.
- 21. Are any vehicles leased from the subsidiary or affiliate? .....  Yes  No
- 22. Do you have an ICC brokers authority or provide a brokerage service? .....  Yes  No  
If yes, provide complete details below.
- 23. Have you had any hired auto losses in the past? .....  Yes  No

**NON OWNED AUTO COVERAGE:**

**COMPLETE IF NON-OWNED COVERAGE IS DESIRED**

- 1. Why is non-ownership liability coverage being requested?  
\_\_\_\_\_
- 2. What types of non-owned vehicles will be used in your business?  
\_\_\_\_\_
- 3. How will they be used?  
\_\_\_\_\_
- 4. How often are non-owned autos used in your business? .....  Daily  Weekly  Monthly
- 5. What is the estimated number of hours per month?..... \_\_\_\_\_
- 6. What is the estimated annual mileage for use of all non-owned autos?..... \_\_\_\_\_
- 7. What is the maximum distance a non-owned auto may be used for business purposes?..... \_\_\_\_\_
- 8. What is the total number of non-owned autos available for use by your business? ..... \_\_\_\_\_
- 9. Total number of employees?..... \_\_\_\_\_
- 10. Total number of officers and partners?..... \_\_\_\_\_
- 11. If you are a social service operation, indicate the total number of volunteers furnishing..... \_\_\_\_\_  
autos in the course of your operation.
- 12. Do you require employees and volunteers to have their own insurance?.....  Yes  No  
If yes, what are the minimum limits required? \_\_\_\_\_
- 13. What is the maximum number of volunteers providing service at any one time?..... \_\_\_\_\_
- 14. Do your employees lease autos on your behalf?.....  Yes  No  
If yes, under whose name are autos leased? \_\_\_\_\_

15. Do you require evidence of insurance?.....  Yes  No  
If no, provide complete details below.
16. Do you obtain motor vehicle records for all drivers?.....  Yes  No
17. Will you use non-owned autos, other than those owned by employees for business purposes?  Yes  No  
\_\_\_\_\_ If yes, describe under what circumstances below.
- 
18. Have you or your any of your employees ever had any non-owned auto losses in the past? .....  Yes  No
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**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

**To Insureds in the States of:**

**Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:**

**NOTICE:** In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Arkansas**

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 is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida**

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

**Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

# ACORD BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C.No. Ext): 214-823-3003	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
	FAX (A/C.No.): 214-823-2124						
HERBERT M. SHEANER, JR. INSURANCE AGENCY P.O. BOX 140535 DALLAS, TEXAS 75214		FOR COMPANY USE ONLY					
CODE:	SUB CODE:						
AGENCY CUSTOMER ID:							

**COVERAGES/LIMITS**

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

**DRIVER INFORMATION** ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	MAR	SEX	STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			8. ANY HOLD HARMLESS AGREEMENTS?		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
15. HAS AGENT INSPECTED VEHICLES?					
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			MAXIMUM DOLLAR VALUE SUBJECT TO LOSS		
			\$		

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT** ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
OWNER					
REGISTRANT					
ITEM DESCRIPTION:					

**REMARKS**