

Non-Owned Hired Auto Application

| Applicant Information

Applicant name: _____		Application date: _____	
Address: _____		City: _____	State: _____ ZIP: _____
Phone: _____	Website: _____		Applicant's email: _____
Type of entity: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Nonprofit <input type="radio"/> Other _____			
Federal Employer Identification Number (FEIN) or Tax Identification Number: _____			
Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____
In business under present management since (year): _____			
Does the applicant have a business auto policy for owned autos?		<input type="radio"/> Yes	<input type="radio"/> No
If yes, can coverage be obtained under the applicant's business auto policy?		<input type="radio"/> Yes	<input type="radio"/> No
If no, please explain: _____			

General Information

During the past 3 years has the applicant's business leased, borrowed, or hired any vehicles?

☐ Yes

☐ No

Does the applicant anticipate leasing, borrowing, or hiring any type of vehicles this year?

☐ Yes

☐ No

If yes, what type of vehicle(s)? ☐ Trucks ☐ Cars ☐ Buses ☐ Other

If yes, what is the estimated total cost per year to lease or hire the vehicles?

Are leased, borrowed, or hired vehicles used to transport only participants, volunteers, or staff?

☐ Yes

☐ No

If yes:

Number of passengers:

Average duration per trip:

Average distance per trip:

Trips per year:

Are leased, borrowed, or hired vehicles used to haul equipment?

☐ Yes

☐ No

If yes, please explain:

Average distance per trip:

Trips per year:

If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries:

Average distance per trip:

How long will the vehicles be used?

Year built:

Cost new:

Does the leasing company or the applicant provide drivers?

☐ Leasing company

☐ Applicant

Does the applicant purchase liability insurance from the leasing company?

☐ Yes

☐ No

Does the vehicle owner(s) require the applicant to provide primary insurance and to add them as Additional Insureds?

☐ Yes

☐ No

If yes, please explain:

Does the applicant hire vehicles for more than 30 days for any one time?

☐ Yes

☐ No

If yes, please provide schedule of vehicles.

Additional Exposures

Do employees or volunteers routinely use their autos for company business?

☐ Yes

☐ No

If yes, please provide details regarding duties involved:

Additional Exposures (Continued)

Does the applicant verify that the employee or volunteer has insurance with limits of at least \$300,000 before using their personal vehicles for company business?

☐ Yes

☐ No

Does the applicant run motor vehicle reports on each employee?

☐ Yes

☐ No

Please explain other controls the applicant has in place to protect the company's liability:

Number of employees: _____

Number of volunteers: _____

Please list types of vehicles the applicant has leased or intends to lease:

Make	Model	Size

What is the highest valued vehicle the applicant has leased or intends to lease? Type: _____ Value: _____

Do drivers share in the loss exposure (for example, driver pays half of the deductible)? ☐ Yes ☐ No

What is the maximum number of vehicles leased at one time? _____

Vehicle garage city: _____ State: _____

Requested comprehensive deductible: Collision: _____ Deductible: _____

Driver information

Full name	Driver's license #	State of license	Date of birth

Submission Requirements

This application requires additional documentation:

- Schedule of vehicles hired for more than 30 days for any one time

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER