

# Non-Owned Hired Auto Application

## Applicant Information

Applicant name: \_\_\_\_\_ Application date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_ Applicant's email: \_\_\_\_\_

Type of entity:  Individual  Partnership  Corporation  LLC  Nonprofit  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?  Yes  No

If yes, can coverage be obtained under the applicant's business auto policy?  Yes  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:

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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](mailto:info@aes.auw.com).**

# Fraud Statements / Signature

**The following is part of the Application:**

## **Applicable in AL**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

## **Applicable in AR, LA, MD, 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 CA**

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## **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 DC**

**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.

## **Applicable in FL**

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.

## **Applicable in KS**

A "fraudulent insurance act" means an act committed by 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**

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.

## **Applicable in ME**

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.

## **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 NM**

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 civil fines and criminal penalties.

## **Applicable in NY**

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 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.

## **Applicable in OH**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

# Fraud Statements / Signature

## Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

## 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 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.

## 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.

## Applicable in TN and VA

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.

## Applicable in WA

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

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.<br>(Required in FL) |
| APPLICANT'S SIGNATURE | DATE                           | NATIONAL PRODUCER NUMBER                       |