



SUPPLEMENT FOR HIRED & NON-OWNED AUTO COVERAGE

1) Sub-limits requested: \$100,000/\$300,000 _____ \$1,000,000/\$1,000,000 _____
\$250,000/\$500,000 _____ \$1,000,000/\$3,000,000 _____
\$500,000/\$500,000 _____ Other: _____

2) Total number of patient transports:

(i) Actual for the past 12 months (Adults only) : _____

(ii) Estimated for the next 12 months (Adults only) : _____

(iii) Actual for the past 12 months (Minors – under 18 years) : _____

(iv) Estimated for the next 12 months (Minors – under 18 years): _____

3) Does the applicant check all driver’s MVRs & require that all employees carry automobile insurance with limits no less than required by the employee’s state of residence?

Yes _____ No _____ If no, please note the terms, conditions & exclusions contained in the H&NOA endorsement PRIOR TO binding.

4) Has any hired & non-owned auto claim ever been made against the firm or any of its employees, or is the applicant aware of any circumstances which may result in any claim?

Yes _____ No _____ If yes, please attach details

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

FOR KENTUCKY RISKS: 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 act, which is a crime.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)