



SUPPLEMENT FOR HIRED & NON-OWNED AUTO COVERAGE

(Edition 06.2026)

1. Applicant Name: _____
2. Sub-limits requested: ☐ \$100,000/\$300,000 ☐ \$500,000/\$500,000
☐ \$250,000/\$500,000 ☐ Other: _____
3. Reason coverage is requested (e.g. contractual requirement): _____
4. Total number of staff who use their personal vehicles within the scope of business:
Employees: _____ Independent Contractors: _____ Volunteers: _____
5. Are clients transported by the applicant, its employees, or independent contractors? ☐ Yes ☐ No
If Yes, client transportation is provided in the following vehicles: (Check all that apply)
☐ Employee-owned vehicle ☐ Applicant-owned auto ☐ Client's personal vehicle
6. For what purpose is transportation provided? (Check all that apply)
☐ Medical appointments ☐ Leisurely outings ☐ Other (Describe): _____
7. Please provide the total number of transports:
a) Average number of transports per week (Adults only): _____
b) Average number of transports per week (Minors – under 18 years): _____
8. Does the applicant check all driver's MVRs and 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, and exclusions contained in the H&NOA endorsement PRIOR TO BINDING
9. 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? (If Yes, attach details). ☐ Yes ☐ No

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Supplement does not bind the undersigned to complete the insurance, but it is agreed that this Supplement shall be the basis of the contract should a Policy be issued, and that this Supplement 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 Supplement, as they deem necessary.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

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