Hired & Non-Owned Auto
Supplemental Application

If Hired & Non-owned Auto coverage is desired, please complete the following:

Note: Coverage is written only as an endorsement to the General Liability coverage part.

1. How many employees drive their personal auto in connection with your business: ________________
   How many of these are part-time employees? 15-25 hrs wk ______ Under 15 hrs wk ______________

   If persons other than employees use their personal auto in connection with your business, please describe and give number: ____

   ____

   None __________

2. What are the ages of the drivers? ☐18-25 ☐25-35 ☐35-45 ☐45-5 ☐55-65 ☐Over 65

3. Does applicant check all driver's MVRs? Yes ______ No ______

4. Does applicant require minimum limits of at least 100/300 BI - 50 PD? Yes ______ No ______
   Please attach evidence of each driver's auto insurance showing the limits carried.

5. Does applicant require employees or others to provide transportation for patients/clients in their personal auto? Yes ______ No ______

6. Does applicant have owned, leased, or hired autos used in business? Yes ______ No ______
   Insurance coverage: Carrier: ____
   Limit: ____________________ Effective Date: ____________________________________

7. Have any auto claims been made or occurrences reported during the past five years? Yes ______ No ______
   If yes, describe, indicate open/closed status, and amounts paid or reserved:

   ____

   ____

   ____

______________________ ____

Date Applicant Signature/Title

Send submissions to: healthcare@iscmga.com