

Non-Owned Auto Supplemental Application



If non-owned auto coverage is desired, please complete the following:

Note: Non-owned coverage is written only as an endorsement to the General Liability policy, does not include Hired Car, and shares the limits, deductibles and other conditions of the general liability policy. This coverage is not intended to cover livery operations by the insured, whether a fee is charged or not, and therefore excludes bodily injury to passengers of any insured non-owned autos.

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