

**SUPPLEMENTAL QUESTIONNAIRE FOR POLICIES REQUIRING
HIRED AUTO AND NON-OWNED AUTO COVERAGES
(Cont'd)**

COMPLETE IF NON-OWNED COVERAGE IS DESIRED

(This coverage not available unless written with primary auto liability including hired auto coverage)

1. Why is non-ownership liability coverage being requested? _____

2. What types of non-owned autos will be used in the insured's business? _____

How will they be used? _____

3. What is the maximum distance which a non-owned auto may be driven from the insured's premises? _____ miles.
4. Total number of non-owned autos used in the insured's business? _____
5. Total number of employees? _____
6. If a social service operation, indicate total number of volunteers furnishing autos in the insured's operation. _____. Maximum number of volunteers at any one time. _____
7. How often are non-owned autos used in the insured's business? Daily Weekly
 Monthly Estimate number of hours used per month. _____
8. Do your employees lease autos on insured's behalf? _____ Yes No
If yes, under whose name are autos leased? Employees Insured
9. What is the estimated annual mileage for use of all non-owned autos? _____ miles.
10. Do you require employees to have their own insurance? _____ Yes No
If yes, what are the minimum limits required? _____
Do you require evidence of insurance? _____ Yes No
11. Will you use non-owned autos other than those owned by your employees? _____ Yes No
If yes, describe relationship. _____

Completed by insured _____ Date _____
(Insured's Signature)