

First Specialty Insurance Corporation

Supplemental Application for Policies Requesting Hired Auto and Non-Owned Auto Coverages

Complete if Hired Auto Coverage is requested:

1. Estimated cost of hired autos: _____. Do you barter or borrow for the use of autos ___ Yes ___ No
If yes, explain: _____
2. Do any of your agents, independent contractors or employees lease autos in your name? ___ Yes ___ No
If yes, explain: _____
3. Type of autos hired: _____
How often are autos hired: _____
What is the gross vehicle weight of commercial autos? _____
What is the passenger capacity of public autos? _____
4. What is the average term of the lease? _____
5. Are the same autos leased or does it vary? _____
6. What percentage of the hired autos' revenue is paid to owners of hired autos? _____%
7. Do you provide drivers to operated hired autos? ___ Yes ___ No. If no, will the drivers be required to provide a Certificate of Insurance? What are the minimum liability limits required by the lessee (you)? _____
8. Is there a written lease agreement? If yes, attach copy.
9. Will you be named as an additional insured on the lessor's policy? ___ Yes ___ No
10. Do you lease, hire, rent or borrow any auto (other than private passenger type auto) owned or leased by your employees, partners or members of their household? ___ Yes ___ No If yes, give details and how many: _____
11. Do you own or control any subsidiary or are you affiliated with any other corporation? ___ Yes ___ No
If yes, What? _____
12. Do you have an ICC broker's authority or provide a brokerage service? ___ Yes ___ No
13. Are ICC or state regulatory filings required? ___ Yes ___ No
14. Do you understand that we intend to audit your records regarding the cost of hired? ___ Yes ___ No.

Complete if Non-Owned Auto Coverage is requested:

1. Why is non-ownership liability coverage being requested? _____
2. What types of non-owned autos will be used in your business? _____
3. What is the maximum distance which a nonowned auto may be driven from your premises? _____ miles.
4. Total number of non-owned autos used in your business _____. Total number of employees _____
5. How often are non-owned autos used in your business? Daily _____ Weekly _____ Monthly _____
Estimated number of hours used: Daily _____ Weekly _____ Monthly _____
6. Do your employees lease autos on your behalf? ___ Yes ___ No.
If yes, Under who's name are the autos leased? Employees? _____ Insureds? _____
7. What is the estimated annual mileage for use of all non-owned autos _____ Miles
8. Do you require employees to have their own insurance? ___ Yes ___ No Minimum Limits _____ Certificates _____
9. Will you use nonowned autos other than those owned by your employees? ___ Yes ___ No
If yes, describe _____

Name and address of applicant:

Applicant's signature

Date