

COMMERCIAL AUTO

HIRED CAR NON-OWNED AUTO SUPPLEMENTAL APPLICATION



ocean
marine

Atlantic Specialty Insurance Company
(Stock company owned by Intact Insurance Group USA LLC)

intactspecialty.com

THIS SUPPLEMENTAL APPLICATION IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION.

NOTICE: REVIEW AND COMPLETE ALL SECTIONS OF THE APPLICATION. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state "None" or "0" in the space provided.

Note: This supplemental application should be completed and submitted along with completed ACORD forms and/or applications.

I. APPLICANT		Date:
1.	Named Insured:	
II. GENERAL INFO		
2.	Does the insured own any vehicles in the company name?	☐ Yes ☐ No
3.	What are the total number of:	
	a. Employees:	b. Partners:
		c. Volunteers:
4.	Describe employee personal vehicle(s) use:	
5.	Does the insured require those employees who drive their own vehicles on company business to carry at least \$300,000 Combined Single Limit (CSL) or \$100,000 / \$300,000 / \$50,000 with no Business Use Exclusion?	☐ Yes ☐ No
6.	Does the insured keep and maintain annually certificates of insurance on file noting the carrier and limits for these employees?	☐ Yes ☐ No
7.	Does the insured obtain and keep motor vehicle records (MVRs) for all employees that hire vehicles and those who drive their personal vehicles on company business?	☐ Yes ☐ No
8.	What was the insured's annual mileage reimbursement of the prior fiscal year?	
9.	What is the total cost of hired vehicles per year?	
10.	How many days are vehicles rented each year?	
11.	Does the insured lease any vehicles for a period of six months or longer? If so, how many?	☐ Yes ☐ No
12.	Does the insured provide primary coverage on the rented vehicles? If Yes, provide a copy of the contract between insured and rental agencies (Avis, Hertz, etc.)	☐ Yes ☐ No
13.	Describe any situation where the insured would be renting vehicle types uncommon to its operation, such as large trucks or high valued vehicles:	
14.	Does a corporate policy exist, detailing who may drive hired and non-owned vehicles, consequences for unfavorable driving records, requirements for maintaining minimum insurance limits, etc.? Describe in detail or provide a copy.	☐ Yes ☐ No

III. FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

IV. SIGNATURE AND AUTHORIZATION

The undersigned declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. The undersigned understands that this Supplemental Application and any such attachments or information submitted herein are part of the application submitted by or on behalf of the Applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

IF THE APPLICANT PREFERS TO ELECTRONICALLY SUBMIT THIS APPLICATION TO THE UNDERWRITER, ITS AUTHORIZED AGENT SHOULD DO SO BY CHECKING THE BELOW BOX AND TYPING HIS/HER NAME AND THE DATE. BY DOING SO, THE APPLICANT AND ITS AUTHORIZED AGENT HEREBY CONSENT AND AGREE THAT SUCH AUTHORIZED AGENT'S USE OF A KEY PAD, MOUSE OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES HIS/HER/ITS SIGNATURE, ACCEPTANCE AND AGREEMENT AS IF ACTUALLY SIGNED BY SUCH AUTHORIZED AGENT IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.

A digital signature is a simple as:

1. Check the box.
2. Type authorized agent's name and the date.

The box must be checked by the chairperson, president, chief executive officer or chief financial officer of the Applicant (or equivalent positions thereof).

☐ AUTHORIZED AGENT SIGNATURE AND ACCEPTANCE

Applicant Name	
By (Authorized Signature) <i>Or Sign/Type/Print the Name of the chairperson, president, CEO or CFO (or equivalent positions thereof) who signed this form electronically by checking the box above.</i>	
Name/Title	Date

NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHAIRPERSON, PRESIDENT, CHIEF EXECUTIVE OFFICER OR CHIEF FINANCIAL OFFICER OF THE APPLICANT (OR EQUIVALENT POSITIONS THEREOF) ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

Produced By (Insurance Agent)
Insurance Agency
Insurance Agency Taxpayer ID
Agent License No. or Surplus Lines No.
Address Street: City: State: Zip:

Submitted By (Insurance Agency)
Insurance Agency Taxpayer ID
Agent License No. or Surplus Lines No.
Address Street: City: State: Zip: