

U.S. Risk, LLC | 8401 N. Central Expressway, Dallas, Texas 75225

**HIRED AND NON-OWNED AUTO SUPPLEMENTAL APPLICATION FOR MISCELLANEOUS HEALTHCARE OPERATIONS**

Submit with [Miscellaneous Healthcare General Liability and Professional Liability Application](#)

Each question must be fully answered. If not applicable, please enter "N/A."

**GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_
2. Number of owned automobiles: \_\_\_\_\_
3. Do you have automobile liability coverage for your owned autos?  Yes  No
4. Is non-owned automobile liability covered under the owned auto policy?  Yes  No
5. Why is hired and non-ownership liability coverage being requested?

**DESCRIPTION OF USE**

**Hired Automobile Coverage Section**

1. Do any of your employees, agents, independent contractors or volunteers lease automobiles in your name?  Yes  No  
**If yes**, please explain: \_\_\_\_\_
2. Types of automobiles hired: \_\_\_\_\_
3. What is the maximum passenger capacity of hired automobiles? \_\_\_\_\_
4. Are any hired automobiles leased?  Yes  No  
What are the average terms of the lease? \_\_\_\_\_
5. Are the same automobiles leased or does it vary?  Same automobiles  Varies  
**If same**, explain why the automobiles cannot be scheduled on the policy: \_\_\_\_\_
6. Do you provide drivers to operate hired automobiles?  Yes  No  
**If no**, are the drivers required to provide a Certificate of Insurance?  Yes  No  
What are the **minimum** liability limits required by the leasee (you)? \_\_\_\_\_
7. Is there a written lease agreement?  Yes  No  
**If yes**, please attach a copy.
8. Will you be named as an additional insured on the lessor's policy?  Yes  No
9. Do you lease, hire, rent or borrow any auto(s) (other than private passenger type) owned or leased by your employees, partners or members of their households?  Yes  No  
**If yes**, provide details and how many: \_\_\_\_\_
10. Do you own or control any subsidiary or are you affiliated with any other corporation?  Yes  No  
**If yes**, what is the business or affiliate? \_\_\_\_\_



**Non-Owned Automobile Coverage Section**

1. How many employees, independent contractors or volunteers drive their personal automobiles in connection with your business? \_\_\_\_\_  
How many of these are part-time? 15–45 hours per week: \_\_\_\_\_ Under 15 hours per week: \_\_\_\_\_  
How will they be used?

If persons other than employees use their personal automobiles in connection with your business, please provide full description and number:

2. Do you require employees or others to provide transportation for patients/clients in their personal automobiles?  Yes  No  
**If yes**, under what circumstances and how often?

3. What is the maximum distance which a non-owned auto may be driven from your premises? \_\_\_\_\_

4. Total number of employees, independent contractors or volunteers: \_\_\_\_\_

5. Total number of non-owned autos used in your business: \_\_\_\_\_

6. Do your employees lease automobiles on your behalf?  Yes  No

7. What is the estimated annual mileage for use on all non-owned automobiles? \_\_\_\_\_

8. Do you require employees or contracted personnel to have their own insurance?  Yes  No

**If yes**, what are the minimum limits required? \_\_\_\_\_

9. Do you require evidence of insurance?  Yes  No

10. Do you check MVRs annually?  Yes  No

11. Will you use non-owned automobiles other than those owned by your employees?  Yes  No

**If yes**, describe relationship:

12. Do you have volunteers at your operation?  Yes  No

**If yes**, indicate the total number of volunteers furnishing automobiles in your operation: \_\_\_\_\_

Maximum number of volunteers at any one time: \_\_\_\_\_

13. Do you have current non owned coverage?  Yes  No

**If yes**, who is the insurance carrier? \_\_\_\_\_

What are the current limits of liability? \_\_\_\_\_

**CLAIMS HISTORY**

1. During the past five (5) years, have any claims for hired or non-owned automobile liability been presented to your current or prior insurance carrier(s) or to you?  Yes  No

2. Are you, or any other person for whom insurance is being requested, aware of any fact(s), incident(s), act(s), event(s), circumstance(s) or occurrence(s) that may result in a claim(s) being made against you?  Yes  No

**If yes**, provide full details:

**APPLICANT SIGNATURE PANEL**

THE APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY THE UNDERWRITERS OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERWRITERS TO OFFER, NOR THE APPLICANT TO ACCEPT, INSURANCE; BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND MADE A PART OF THE POLICY SHOULD A POLICY BE ISSUED.

**Notice applicable in most states:** 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

**I/We hereby declare that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.**

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

Typed or printed name: \_\_\_\_\_

Title: \_\_\_\_\_