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HIRED / NON-OWNED AUTO COVERAGE SUPPLEMENTAL APPLICATION

Name of Applicant _____

Type of Business

Individual

Partnership

Corporation/LLC

Other. Please identify: _____

Do you own or lease (on a long term basis) any autos? Yes No

If yes, are these vehicles covered under a separate Business Auto Policy? Yes No

How often do employees or volunteers use their own vehicles for company business and what are they doing? _____

Do you verify that they carry personal auto insurance with at least \$300,000 liability limits? Yes No

Any of these drivers under 21 years of age? Yes No

Will they ever carry any passengers? Yes No

How far will they go? _____

Will you rent any vehicles over the next 12 months? Yes No

What is the purpose? _____

What type of vehicle? _____

How often? _____

How much vehicle rental expenses do you expect to have over the next 12 months? _____

APPLICANT'S SIGNATURE: _____ DATE: ___ / ___ / ___