



# United States Liability Insurance Group Hired and Non Owned Automobile Supplemental

A Supplement to the General Liability Application

## APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(must include complete address including nine-digit zip code) ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Type of Business: (Circle One)

**I - Light hazard**

**Office**

(with fewer than 50 Employees)

**Building Owner**

(with fewer than 50 Employees)

**Apartment Building**

(with fewer than 50 Employees)

**Retail Establishment**

**without Delivery**

(with fewer than 50 Employees)

**II - Moderate Hazard**

**Artisan Contractor**

(with fewer than 10 employees)

**School**

(with fewer than 50 Employees)

**Social Service Agency**

(with fewer than 50 Employees)

**Restaurants without Delivery**

(with fewer than 50 Employees)

**Sales/Service/Consulting**

(with fewer than 25 Employees)

**III - High Hazard\***

**General Contractor**

**Caterer**

**Restaurant with Delivery**

**Delivery Service**

**Messenger Service**

**Courier Service**

**Trucker**

**Logger**

**Mining**

**Sales/Service/Consulting**

(with more than 25 Employees)

**Taxi or Livery**

**IV - Other**

(please describe in space below)

\* Coverage is Prohibited for High Hazard Risks

**Underwriting Information:**

If "Yes" to any of these questions the risk is prohibited.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Does applicant own or lease on a long term basis any automobiles? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does applicant require its employees to use their personal automobiles to conduct the applicant's business?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does applicant have an automobile policy in force? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**Coverage Desired:**

	<u>Limit</u>			
<i>Hired and Nonowned Auto Coverage</i>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
<i>Nonowned Auto Coverage</i>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000

**Fraud Statement:** 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 violations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature