



**LONG TERM CARE ORGANIZATION LIABILITY
HIRED NON-OWNED AUTO APPLICATION**

PROGRAM UNDERWRITERS

INSTRUCTIONS:

- 1 Please complete all sections (General, Hired Auto, Non-Owned Auto & Warranty)

**NOTE: Carrier requires drivers to maintain their own personal insurance & that evidence of insurance is required.
Contractors must have minimum limits of \$100,000 / \$300,000.**

Risk is ineligible if employees use personal autos to provide resident transportation.

- 2 Please sign and date the application on the Warranty page

A. Applicant Information

- 1 Corporate Name:
2 Address:
3 Website:

B. General Information

- 1 Does the applicant own any vehicles? Yes No
If "Yes", does the applicant have auto liability coverage for owned autos?
- 2 Number of Employees
- 3 Number of Volunteers
- 4 Do employees or volunteers use their vehicles on behalf of your organization? Yes No
If yes, how often
- 5 If an employee were to drive on behalf of the organization, are the following policies followed?
- a. Does applicant require employees to have their own personal auto insurance? Yes No
- b. Does applicant require evidence of insurance? Yes No
- c. Does the applicant check MVRs on all drivers at least annually? Yes No
- 6 Do employees provide resident transportation in personal autos? Yes No
- 7 Does the applicant or any employees, partners, members or independent contractors lease, hire, rent or borrow any vehicles? Yes No
If "Yes", confirm type of vehicles and use
- 8 What types of non-owned autos will be used in your business and how will they be used?
- 9 How often are non-owned autos used in your business?
- 10 Do you require independent contractors to maintain minimum insurance limits of at least \$100,000 per person/\$300,000 each accident or a \$300,000 combined single limit? Yes No
- 11 Does the applicant utilize ride sharing services for resident transportation? Yes No
If "Yes", indicate how often.

E. Warranty Statement

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSONS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE INSURER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE INSURER WHO MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE INFORMATION CONTAINED AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER AND, ALONG WITH THE APPLICATION, IS CONSIDERED TO BE PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF THE POLICY ISSUED.

Print Applicant Name:

Applicant Signature:

Title:

Date:
