

**Oil & Gas Insurance Program
Hired & Non-Owned Auto Liability Supplemental Application**

Applicant's Name & Address: _____

Section 1. Hired Auto Coverage (Complete if hired auto coverage is desired)

1. Does applicant own any commercial vehicles? ☐ Yes ☐ No
 Number of employees: _____ Website address: _____
2. Why is hired auto coverage being requested? _____
3. Number of hired autos: _____
4. Types of autos hired: _____
 How are they used? _____
 What is gross vehicle weight of commercial autos? _____
 What is passenger capability of public autos? _____
5. What is the average term of lease? _____
6. What is the maximum distance in which a hired auto may be driven from the premises? _____
7. Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant's employees, partners, or members of their household? ☐ Yes ☐ No
 If yes, give details and how many: _____
8. Does any agent, independent contractor, or employee lease autos in the applicant's name? ☐ Yes ☐ No
 If yes, explain: _____
9. At any time will you subcontract out work? ☐ Yes ☐ No
 If yes, what work is subcontracted? _____
 Cost to subcontract: _____
10. Estimated cost of hired autos: This year: \$ _____ Last year: \$ _____
 Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos? ☐ Yes ☐ No
 If yes, explain: _____
11. What percentage of the hired autos' revenue is paid to owners of the autos? _____ %
12. Are drivers to be provided by the applicant to operate hired autos? ☐ Yes ☐ No
 If no, will the drivers be required to provide Certificates of Insurance? ☐ Yes ☐ No
 What are the minimum liability limits required by the lessee (applicant)? _____
13. Will the applicant be named as an additional insured on the lessor's policy? ☐ Yes ☐ No
14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation? ☐ Yes ☐ No
 If yes, are vehicles leased from the subsidiary or affiliate? _____
15. What is the business of the subsidiary or affiliate? _____
16. Does the applicant have an ICC broker's authority or provide a brokerage service? ☐ Yes ☐ No
17. Has applicant had any hired auto losses in the past? ☐ Yes ☐ No

Section 2. Non-Owned Auto Coverage

1. Does applicant own any commercial vehicles? ☐ Yes ☐ No
 Website address: _____
2. Why is non-ownership liability coverage being requested? _____
3. What types of non-owned autos will be used in the applicant's business? _____
 How will they be used? _____
4. How often are non-owned autos used in the applicant's business? ☐ Daily ☐ Weekly ☐ Monthly
 Estimated number of hours per month: _____
5. What is the estimated annual mileage for use of all non-owned autos? _____ miles
6. What is the maximum distance which a non-owned auto may be driven from the applicant's premises? _____ miles
7. Total number of non-owned autos used in the applicant's business: _____
8. Total number of employees: _____

9. Total number of officers and partners: _____

10. If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation: _____

Maximum number of volunteers at any one time: _____

11. Do employees lease autos on the applicant's behalf?

☐ Yes

☐ No

If yes, under whose name are autos leased?

☐ Employees

☐ Applicant

12. Does the applicant require employees and volunteers to have their own insurance?

☐ Yes

☐ No

If yes, what are the minimum limits required? _____

Does the applicant require evidence of insurance?

☐ Yes

☐ No

13. Will the applicant use non-owned autos other than those owned by employees?

☐ Yes

☐ No

If yes, describe relationship: _____

14. Does the applicant obtain motor vehicle records for all drivers?

☐ Yes

☐ No

15. Has applicant had any non-owned auto losses in the past?

☐ Yes

☐ No

Signature of Named Insured

Date

Amwins Program Underwriters

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