HIRED AND NON-OWNED AUTO LIABILITY APPLICATION

CRC Group
Wholesale & Specialty

INSTRUCTIONS TO APPLICANT:

** Please complete the application, answering all questions. An incomplete application cannot be processed.*

** Completion of this application neither binds coverage nor guarantees a policy will be issued.*

** For the purposes of this application, Owned, Hired and Non-Owned Autos are as defined below:*

OWNED AUTOS *are Autos that are registered/titled in the name of your Business, (or your name if you are a Sole Proprietor) or your Officers or employees names.* ***OWNED AUTOS CANNOT BE INSURED UNDER THIS PROGRAM.***

HIRED AUTOS *are Autos you, your business or your employee lease (<60 days), Hire, Rent, or Borrow from another person or business, for the purpose of conducting your Business.*

NON-OWNED AUTOS *are Autos your Business does not own, hire, rent or borrow, but are used by employees or Independent Contractors to conduct your business operations on your behalf.*

GENERAL INFORMATION							
Named Insured:						Years in Business:	
Mailing Address:							
Insured Website:							
Description of Operations:							
In what states do you operate:						Total Number of Employees:	
Proposed Policy Dates:	From:			To:			
Expiring Carrier:				Expiring Premium:			
Limit Requested:	☐ 1,000,000	☐ 500,000	☐ 300,000	Other:			

		BELOW RESPONSES APPLY TO DELIVERY / LIVERY OPERATIONS		
	Annual Sales	**Delivery Sales**	**Annual Number of Miles**	**Annual Number of Trips***
Upcoming Year:				
Expiring Year:				
Two years ago:				
Three years ago:				

**** A delivery or trip is defined as each individual stop at a customer location***

HIRED AUTOMOBILE INFORMATION					
Vehicle Type	**Annual Number of Autos Rented**	**Annual Number of Autos Leased**	**Est. Annual Cost of Hire**	**Previous Year Cost of Hire**	**Annual Mileage**
Private Passenger Vehicles					
Light Trucks (0-10,000 lbs. GVW)					
Medium Trucks (10,001-20,000 lbs. GVW)					
Heavy Trucks (20,001-45,000 lbs. GVW)					
Truck-Tractors (over 45,000 GVW)					
Total					

NON-OWNED AUTOMOBILE INFORMATION					
Daily Use	**Less than 1 Hour**	**1 Hour to 2 Hours**	**2 Hours to 4 Hours**	**4 Hours or More**	**Annual Reimbursed Mileage**
Number of EMPLOYEES using their OWN vehicles for company business					
Number of VOLUNTEERS using their OWN vehicles for company business					
Number of Independent Contractors					

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DRIVER AND SAFETY QUALIFICATIONS		
	YES	NO
Does the applicant require that employees or independent contractors carry and provide documentation of at least the minimum compulsory personal auto liability limits required in the state where operations take place?	☐	☐
If they are required to carry a limit higher than the minimum, what limit is required?		
Do you review employees or independent contractors personal auto liability limits?	☐	☐
Do you review MVR's for all principals, employees and volunteers who drive hired/and or non-owned autos while conducting the applicant's business?	☐	☐
If so how often is a review conducted?		
Do employees transport passengers other than employees as part of your business?	☐	☐
Do employees or volunteers use their own vehicles beyond a 75 mile radius?	☐	☐
Do you lease, hire, rent or borrow any autos from a subsidiary or affiliate?	☐	☐

Which of the controls listed below does the insured perform for all principals, employees and volunteers who drive:								
	YES	NO		YES	NO		YES	NO
Written Application	☐	☐	Physical Exam	☐	☐	Driver Safety Meetings	☐	☐
Drug Test Pre-Hire Formal	☐	☐	Driving Exam/Road Test	☐	☐	Formal Review of Accidents	☐	☐
Reference Check	☐	☐	Formal Training Program	☐	☐	Driver Incentive Program	☐	☐
Previous Employment Check	☐	☐	Safety Program	☐	☐		☐	☐

LOSS INFORMATION					
				YES	NO
Has any claim arising out of the operation of a hired and/or non-owned automobile been made against the applicant within the past five (5) years for which this proposed insurance would apply? ***If YES, please provide details below or submit loss runs (valued within the last 90 days) with this application.***				☐	☐
Date of Loss	**Date Claim Made**	**Description of Loss**	**Amount Incurred**	**Open**	**Closed**
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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UNINSURED AND UNDERINSURED MOTORISTS SELECTION/REJECTION

Uninsured Motorists Coverage (UM) and/or Combined Uninsured/Underinsured Motorists Coverage (UM/UIM) and coverage options are available. It is important that you discuss these coverage's with your agent or broker before accepting or rejecting coverage to determine the proper limits for the territories of operation. Once you have discussed, please indicate the following;

I understand that:

1. The UIM and UM/UIM limits shown for the vehicles on this policy may not be added together to determine the total amount of coverage provided.
2. UM and UM/UIM bodily injury limits up to $1,000,000 per person and $1,000,000 per accident are available.
3. UM property damage limits up to the highest policy property damage limit are available. Coverage to property damage is applicable only to damages caused by uninsured motor vehicles.
4. My selection or rejection of coverage below will apply to any renewal, reinstatement, substitute, amended, altered, modified, transfer or replacement policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.

CHOOSE ONE OF THE FOLLOWING OPTIONS BELOW

My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

☐ I choose to **reject** all Uninsured (UM) and/or Combined Uninsured/Underinsured Motorists (UM/UIM) Coverages in all states.

☐ I choose to **select** combined Uninsured/Underinsured Motorists (UM/UIM) Coverage at the Bodily Injury and Property Damage at the limit selected

Coverage	Limit Selected
UM Bodily Injury	
UM Property Damage	

UM SELECTION, CONSENT, FRAUD NOTICE, AGREEMENT AND SIGNATURE

- I understand this Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. I understand that completion of this form neither binds coverage nor guarantees that a policy will be issued.
- I hereby indicate that the aforementioned statements and answers are correct and complete.
- I understand that any person who presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, information concerning any fact material thereto commits a fraudulent insurance act.

I have read the statements above, understand their meaning and agree.

Applicant's signature:	
Date:	
Applicant's name:	
Applicant's title:	

Clear Form