NON-OWNED AUTO COVERAGE
TRANSPORTATION SUPPLEMENTAL APPLICATION

☐ Colony Insurance Company
☐ Colony Specialty Insurance Company
☐ Argonaut Insurance Company
☐ Argonaut Midwest Insurance Company

Complete if Non-Owned Auto exposure is greater than an 'if any' basis or if requesting stand-alone coverage.

1. Why is non-ownership liability coverage being requested?_____

_____

2. What type of non-owned autos will be used in the insured's business?_____

_____

3. How will they be used?_____
4. What is the maximum distance which a non-owned auto may be driven from the insured's premises?_____miles.
5. Total number of non-owned autos used in the insured's business:_____
6. Total number of employees:_____
7. If a social service operation, indicate total number of volunteers furnishing autos in the insured's operation:_____
8. Maximum number of volunteers at any one time:_____
9. How often are non-owned autos used in the insured's business? ☐ Daily ☐ Weekly ☐ Monthly
10. Estimated number of hours per month:_____
11. Do your employees lease/rent autos on insured's behalf? ☐ Yes ☐ No

    If "Yes," under whose name are autos leased/rented? ☐ Employee's ☐ Insured's
12. What is the estimated annual mileage for use of all non-owned autos?_____miles.
13. Do you require employees to have their own insurance? ☐ Yes ☐ No

    If "Yes," what are the minimum limits required?_____
14. Do you require evidence of insurance? ☐ Yes ☐ No
15. Will you use non-owned autos other than those owned by your employees? ☐ Yes ☐ No

    If "Yes," describe relationship:_____

_____

_____

_____

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

_____ _____

Applicant's Signature/Title **Date**