

**SUPPLEMENTAL QUESTIONNAIRE FOR POLICIES REQUIRING
HIRED AUTO AND NON-OWNED AUTO COVERAGES**

**This Supplement is a part of the Application and will be relied upon
by the Company as an integral part of the Application.**

COMPLETE IF HIRED AUTO COVERAGE IS DESIRED

1. Number of autos (as defined in the policy) to be scheduled on the policy: _____
2. Gross receipts: Past Year \$ _____
Estimate for Coming Year \$ _____
3. Type of operation (give description of operation): _____

4. Type of policy: Commercial Auto Trucker Public
5. Estimated cost of hired autos: \$ _____. Is the insured involved in any ar-
rangements for the borrowing or bartering for the use of autos? Yes No
If yes, explain: _____
6. Does any agent, independent contractor, or employee lease autos in the Insured's name? Yes No
If yes, explain: _____
7. Types of autos hired: _____
What is gross vehicle weight of commercial autos? _____
What is passenger capacity of public autos? _____
8. What is the average term of lease? _____
9. Are the same autos leased or does it vary? Same Autos Varies
10. If the same, explain why the autos cannot be scheduled on the policy. _____

11. What percentage of the hired autos' revenue is paid to owners of the hired autos?
_____ %
12. Are drivers to be provided by the insured 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 (named insured)? _____

13. Will the insured be named as an additional insured on the lessor's policy? Yes No
14. Does the insured lease, hire, rent or borrow any auto, other than a private passenger type
auto, owned or leased by the insured's employees, partners or members of their household? Yes No
If yes, give details and how many. _____

15. Does the insured own or control any subsidiary or is it affiliated with any other corporation? Yes No
If yes, are vehicles leased from that subsidiary or affiliate? Yes No
16. What is the business of the subsidiary or affiliate? _____

17. Does the insured have an ICC broker's authority or provide a brokerage service? Yes No
18. Are ICC or state regulatory filings required? Yes No
19. Does the insured understand that we intend to audit his records regarding the cost of hire? Yes No
20. Is the premium financed? Yes No

**(NOTE TO GENERAL AGENT: If hired auto coverage is provided, notify the Premium
Finance Company of the audit requirement.)**

(This form must be signed by the insured. Please see reverse side for signature)

**SUPPLEMENTAL QUESTIONNAIRE FOR POLICIES REQUIRING
HIRED AUTO AND NON-OWNED AUTO COVERAGES
(Cont'd)**

COMPLETE IF NON-OWNED AUTO COVERAGE IS DESIRED

(This coverage not available unless written with primary auto liability including hired auto coverage)

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

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

How will they be used? _____

3. What is the maximum distance which a non-owned auto may be driven from the insured's premises? _____ miles.

4. Total number of non-owned autos used in the insured's business? _____

5. Total number of employees? _____

6. If a social service operation, indicate total number of volunteers furnishing autos in the insured's operation. _____ . Maximum number of volunteers at any one time. _____

7. How often are non-owned autos used in the insured's business? Daily Weekly
 Monthly Estimate number of hours used per month. _____

8. Do your employees lease autos on insured's behalf? _____ Yes No
If yes, under whose name are autos leased? Employees Insured

9. What is the estimated annual mileage for use of all non-owned autos? _____ miles.

10. Do you require employees to have their own insurance? _____ Yes No
If yes, what are the minimum limits required? _____

Do you require evidence of insurance? _____ Yes No

11. Will you use non-owned autos other than those owned by your employees? _____ Yes No
If yes, describe relationship. _____

Completed by insured _____ Date _____

(Insured's Signature)

TERRORISM RISK INSURANCE ENDORSEMENT

NOTICE TO POLICYHOLDERS REQUIRED UNDER TERRORISM RISK INSURANCE ACT OF 2002

Pursuant to the requirements of the Terrorism Risk Insurance Act of 2002, we are required to advise you of the following information:

Coverage for acts of terrorism is included in this policy subject to the terms, conditions, limits and exclusions contained therein. Under this coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. While your insurer faces significant exposure under your policy for losses caused by acts of terrorism, the premium you paid for the policy does not reflect that exposure. **Consequently, no premium is currently being charged on your policy for the risk of losses caused by certified acts of terrorism.**

Premium on renewal of your coverage may be charged for you to maintain coverage for losses arising out of acts of terrorism. In that event you will be informed of such charges to the extent required by federal or state law.

Company Name	Policy Number
	Endorsement Effective
Named Insured	Countersigned at
	By

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)