

HIRED AND NON-OWNED AUTO SUPPLEMENTAL

	<p>The CIMA Companies, Inc. 2750 Killarney Dr, Suite 202 Woodbridge, VA 22192 (410) 782-2670</p>	<p>Contact: Brent Slutzky Submit Application to: bslutzky@cimaworld.com</p>
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Applicant's Instructions:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the Owner, Partner or Officer no earlier than 45 days prior to proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you for the opportunity to assist you with your insurance needs.

Section 1. Business Operations: *Please help us understand your operations and business exposures.*

1. Please describe your business operations:
2. Please list all entities associated with the insured, beginning with the First Named Insured. Be sure to include entity type such as Inc, LLC, Joint Venture etc. Attach separate sheet if necessary to list all entities.

Named Entity	Relationship or Purpose to Main Entity	Domiciled State

3. Website: _____ Number of years in business: _____

4. Please provide the following information;

Rating Basis	Last 12 months	Projected next 12 months
Annual Mileage:		
Annual # of Trips/Deliveries:		
Annual Sales/Receipts <input type="checkbox"/> Gross <input type="checkbox"/> Delivery Only	\$	\$
Total # of Drivers		

5. Do you have a mobile or internet App? YES NO
- What is the name of the app _____
- Does it track your Drivers with GPS while conducting operations on your behalf? YES NO
- If yes, does it track: Miles from Point A to B only all miles while app on # of Deliveries/Trips only
- Does the App allow customers to rate the driver and/or service? YES NO

6. How many people do you employ?

Officers		Part Time Employees	
Full Time Employees		Volunteers	
		Independent Contractors	
		Seasonal	

7. Indicate any of the following cities you currently, or plan to, operate in within the next 12 months:
- Atlanta Boston Chicago D.C. Indianapolis Los Angeles Miami
 New York Philadelphia San Diego San Francisco Seattle

8. Which states do you currently operate in?

9. Which states do you plan to expand operations to within the coming year?

10. Do you operate under time constraints critical in nature or guaranteed delivery times? YES NO

If yes, provide details:

11. What percentage of your drivers are under 21? % Between 21 and 25? % Over 68 %

Section 2: Owned Autos: *Auto's that are registered/titled in the name of your Business, or in your name if you are a Sole Proprietor/Individual Owner and not a Corp, Inc, LLC, Partnership, Joint Venture etc.*

Please note that this policy will not cover "Owned Auto's"

1. Are all Owned Auto's insured on a separate Personal or Commercial Auto Policy? N/A YES NO
If Yes: Carrier Name Pol # Renewal Date
2. Do you or your company Lease any vehicles for periods longer than 60 days? YES NO
If Yes, are they scheduled on the policy indicated in question 2.1 above? YES NO

Section 3: Hired Auto: *Auto's you or your business Lease (<60 days), Hire, Rent, or Borrow from others, (other than your company employees and family members), for the purpose of conducting your Business, (i.e. Employee rents car or chauffer during business trip; Business leases/hires a truck with or without a driver to deliver items or supplies)*

1. Are Hired Auto's used in connection with your company business or special events? YES NO
If **No**, skip to Section 4: Non-Owned Auto If **YES**, please indicate the type below:
 Company officers or employees renting vehicles on trips Company Sponsored Event
 Rental of Bus, Chauffer or Limo Long haul or Short haul Truckers

Please provide details if any other exposure not descibed above and be sure to include the purpose, typical radius of operation and any recurring or frequent destinations, who drives or owns the vehicles, etc.

2. How many times has a person rented any of the following types of vehicles to conduct business on your behalf?

Vehicle Type	Last Year		Anticipated this year	
	# of Rentals	Total cost of hire	# of Days	Total cost of hire
Private Passenger, Light Truck, Minivan		\$		\$
Medium Trucks, Full Sized Van (8+ passenger) ***Explain use below		\$		\$
Bus, Heavy Trucks/Truck Tractor ***Explain use below		\$		\$

3. Are vehicles rented in the name of the Business and **not** the name of the driver? YES NO
4. Do you require the driver to provide their proof of auto insurance each time prior to renting? YES NO
5. What is the average duration when renting these vehicles?
6. Do you allow Independent Contractors to drive vehicles rented or leased by you? YES NO

Section 4: Non-Owned Auto: Autos the business does not own, hire, rent or borrow, but are used on behalf of the business, (i.e. Independent Contractor or employee uses their own auto to perform work on your behalf).

1. How often do people use their own vehicles to perform duties on your behalf or in support of your business operations? Never 1 to 3 times a month Weekly Daily
2. Please identify if they are: Management Independent Contractors Employees/Volunteers
3. Any trips over 100 miles, or, involving overnight stays? YES NO
4. Do any of these vehicles have more than a 7 passenger capacity (excluding driver)?: YES NO
5. Are they transporting people or co-workers? YES NO
6. Do you require every driver to provide evidence of their own Auto Insurance Coverage? YES NO
 Do you verify the insurance is in force prior to start of each job? YES NO
 What are the minimum limits you require?
 How often do you require updates or re-verification that insurance is current?
7. Is the Insurance a Personal Auto Policy? YES NO
 If YES, do you require they check with their carrier to ensure they are covered for the services they will provide on your behalf? YES NO
 How often do you require updates or re-verification that insurance is current? _____
8. Is the Insurance required to be a Commercial auto policy? YES NO
 If YES, do you require the Contractor to name your business as an Additional Insured? YES NO
 Require a Hold Harmless and Waiver of Subrogation favoring your business? YES NO
 Do you maintain copies of the Vehicle ID Card and Certificate of Insurance? YES NO
 Do you monitor expiration of Certificates and request updated copies when expired? YES NO
 Do you keep certificates on file for at least Two (2) years after contract ends? YES NO

Section 5: DRIVER AND FLEET SAFETY

1. Prior to allowing the operation of a vehicle on your behalf, do you require a current MVR? YES NO
2. How often do you update and review all MVR's every 6 months Annually N/A
3. Do you use a service that alerts you of new MVR activity on drivers when it occurs? YES NO
4. Do you require all applicants pass a Criminal Background check prior to employment? YES NO
 How often is this updated? At least twice a year Annually N/A
5. Please indicate any of the following you perform with all persons that may drive on your behalf.

<input type="checkbox"/> Written application	<input type="checkbox"/> Written driving exam	<input type="checkbox"/> Min driving exp:
<input type="checkbox"/> Reference checks	<input type="checkbox"/> Physical exam	<input type="checkbox"/> Driver Incentive Program
<input type="checkbox"/> Previous employment check	<input type="checkbox"/> Road test	<input type="checkbox"/> Driver Safety Meetings
<input type="checkbox"/> Drug test Pre-Hire	<input type="checkbox"/> Ride-Along procedure	<input type="checkbox"/> Supervisor review of Accidents
<input type="checkbox"/> Drug Test –Post Accident	<input type="checkbox"/> Driver Log Reviews	<input type="checkbox"/> Unsafe Driver reporting service
<input type="checkbox"/> Drug Test- Random	<input type="checkbox"/> Vehicle Servicing record	<input type="checkbox"/> Driver Metric Tracking
<input type="checkbox"/> Full time Safety Director	<input type="checkbox"/> Min age:	<input type="checkbox"/> Distracted Driving Policy

Please be sure to include any copies of contracts, agreements and any other supporting documentation to ensure the most accurate pricing is provided.

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 coverages 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.
5. 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.

(CHOOSE ONLY ONE OF THE FOLOWING)

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 limits of \$ _____ Bodily Injury and \$ _____ Property Damage

I choose to **select** Uninsured Motorists Coverage (UM) at limits of: \$ _____ Bodily Injury and \$ _____ Property Damage and **reject** Underinsured Motorists (UIM) Coverage

Signature for First Named Insured

DECLARATION and SIGNATURE

I have read the above Application. I declare that to the best of my knowledge and belief the statements and information in this Application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this Application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature for First Named Insured (May not be signed by producer)

Title

Date

Submitted by: _____
Producer

FOR NEW YORK AND OHIO APPLICANTS:

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Transportation Network Companies (TNC Providers) – Supplemental Information Required.

Business Plan

Launch Plans and Funding detail.

Exposure projections by city for the first 12 months. (please include # of trips and passenger mileage)

Terms of Service Agreement

Mobile Application Demo (not required until after other items and further into underwriting process)

Will the application track Period 1,2,& 3 mileage (Sample Monthly Audit Report From Our Office)

Driver Screening Process and Criteria (MVR Guidelines)

What service will you utilize to pull and check MVR's

Vehicle Screening Process, Criteria, and Maximum Vehicle Size with driver