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ANI #10

Non-Owned & Hired / Commercial Auto Coverage Supplemental Application (To be submitted with ACORD applications)

| Applicant Name: | | | | | |
|---|--|---|-----------------|-------------------------|--|
| Please Note: This application is for Non-Owned & Hired/Commercial Auto coverage, and can only be bound in conjunction with a General Liability policy. For complete instructions on our submission requirements, please visit https://www.ani-rrg.org/Brokers-New-Submissions.cfm . | | | | | |
| NON-OWNED & HIRED / COMMERCIAL AUTO COVERAGE | | | | | |
| 1. | Do | Does Applicant currently have any Non-Owned & Hired/Commercial Auto coverage in force? | | | |
| | If y | If yes, please submit currently valued loss runs for the past three years and complete the following: | | | |
| | | Prior Carrier | Effective Dates | Premium | |
| | | | | | |
| 2. | | Does Applicant have a procedure in place to verify personal auto insurance for all employees and volunteers who may use their autos for company business? | | | |
| If no, Applicant will be required to put in process such a procedure to qualify for Non-Ow | | | | on-Owned Auto coverage. | |
| 3. | How many employees/volunteers drive their personal vehicles regularly on behalf of Applicant? | | | | |
| | a. About how often does a typical volunteer or employee of Applicant drive his or her vehicle on behalf of Applicant? | | | | |
| | | ☐ Daily ☐ 1-3 times per week ☐ Less than once per week ☐ Few times a year | | | |
| | b. Vehicle Usage (check all that apply): Meal Delivery Errands/Business Travel | | | Travel | |
| ☐ Other - Describe: ☐ Transport Clients/Residents – Fred | | | – Frequency: | | |
| 4. | Does Applicant's organization rent/hire vehicles? | | | ☐ Yes ☐ No | |
| | lf y | If yes, indicate annual estimated cost of hire or rental: | | | |
| 5. | Does Applicant own or lease any vehicles or mobile equipment (do not include short-term rentals)? | | | e short-term Yes No | |
| | If y | If yes, please answer the following: | | | |
| | a. | How many vehicles? | | | |
| | b. Are any of Applicant's vehicles equipped with a wheelchair lift? | | ☐ Yes ☐ No | | |
| | | If yes, please describe the training provided to drivers: | | | |
| | | | | | |
| | Note: All owned or leased vehicles must be registered to the Applicant. | | | | |