



Richmond National Insurance Company  
11013 West Broad Street, Suite 300  
Glen Allen, VA 23060

## **HIRED AND NON-OWNED AUTO SUPPLEMENTAL APPLICATION**

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue on a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed, and dated by the owner, partner, or legal officer.

### **Section I. Applicant Information**

1. Name of Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Location Address: \_\_\_\_\_
4. Years in Business: \_\_\_\_\_
5. Description of Operations: \_\_\_\_\_
6. Type of Business:  
☐ Corporation   ☐ Individual   ☐ Joint Venture   ☐ Partnership   ☐ Government  
☐ Non-Profit   ☐ Limited Partnership   ☐ LLC   ☐ Other: \_\_\_\_\_
7. Coverage Requested:   ☐ Hired Auto   ☐ Non-Owned Auto   ☐ Hired & Non-Owned Auto
8. Limits of liability requested:   ☐ \$500,000   ☐ \$1,000,000

### **Section II. Business Information**

1. Total number of employees: \_\_\_\_\_
2. Total number of volunteers: \_\_\_\_\_
3. What states do you operate in? \_\_\_\_\_
4. Does the Applicant own any autos? ☐ Yes   ☐ No  
If yes, does the Applicant have a Commercial Auto Policy to cover owned autos? ☐ Yes   ☐ No
5. Do you provide delivery services? ☐ Yes   ☐ No

6. Do you provide shuttle services for customers? ☐Yes ☐No  
If yes, is it: ☐Valet Parking ☐Chartered ☐Operated by applicant
7. Does the applicant ever transport people or goods? ☐Yes ☐No  
If yes, please explain: \_\_\_\_\_
8. Will any of your employees drive across state lines? ☐Yes ☐No
9. Do you require employees to carry and provide documentation for the minimum limits of personal auto liability coverage in the state where operations take place? ☐Yes ☐No

### Section III. Driver safety qualifications

1. Do you require all principals, employees and volunteers to submit MVR documentation? ☐Yes ☐No  
If yes, how often do you review MVRs? \_\_\_\_\_
2. Do you have a formal driver safety or training program? ☐Yes ☐No  
If yes, how often do you retrain/verify qualifications? \_\_\_\_\_

### Section IV. Hired Auto Information

1. Why is Applicant requesting hired auto coverage?  
\_\_\_\_\_
2. Does applicant anticipate leasing, hiring, or borrowing any vehicles for this policy term? If yes, please complete the following: ☐Yes ☐No
3. Are any vehicles leased with drivers? ☐Yes ☐No
4. Are any vehicles leased, hired, or borrowed for more than 30 days? ☐Yes ☐No  
If yes, please explain:  
\_\_\_\_\_
5. Do you lease, hire, rent or borrow any vehicles from others? ☐Yes ☐No
6. Do you hire independent contractors?  
If yes, do you require certificates of insurance? ☐Yes ☐No
7. What is your estimated cost to lease, hire, rent or borrow vehicles with drivers? \$ \_\_\_\_\_
8. What is your estimated cost to lease, hire, rent or borrow vehicles without drivers? \$ \_\_\_\_\_
9. How many autos do you hire, on average, within a 12-month period? \_\_\_\_\_
10. How many hired autos are in the Insured's possession at any one time? \_\_\_\_\_
11. At any time, will your employees, subcontractors, or owners/operators lease vehicles

in your name?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

#### Section V. Non-Owned Auto Information

1. Why is Applicant requesting non-owned auto liability coverage?

\_\_\_\_\_

2. How will the non-owned auto be used? \_\_\_\_\_

3. Will non-owned autos be anything other than private passenger types (car, van, pickup)?

☐ Yes ☐ No

If yes, please indicate type(s):

\_\_\_\_\_

4. Total number of non-owned autos used: \_\_\_\_\_

5. Maximum distance that a Non-Owned Auto may be driven from the Applicant's Premises: \_\_\_\_\_

6. How often are non-owned autos used in your business?

☐ Daily ☐ Weekly ☐ Monthly ☐ Other: \_\_\_\_\_

7. Will you utilize non-owned autos other than those owned by your employees?

☐ Yes ☐ No

If yes, please describe relationship:

\_\_\_\_\_

8. Do employees or volunteers transport passengers other than employees as part of your business?

☐ Yes ☐ No

9. Do employees/volunteers use their personal autos while performing duties on applicant's behalf?

☐ Yes ☐ No

If yes, please provide details regarding use, frequency and travel distance: \_\_\_\_\_

\_\_\_\_\_

10. Do your employees lease autos on the Insured's behalf?

☐ Yes ☐ No

11. Does the Applicant:

a. Have a formal written policy on personal usage that addresses acceptable use of personal vehicles?

☐ Yes ☐ No

b. Require minimum personal auto liability limits for employees?

☐ Yes ☐ No

If yes, limit required: \$ \_\_\_\_\_

c. Require evidence of auto insurance from employees or volunteers using personal autos? (please check all that apply):

☐ certificate of insurance    ☐ copy of auto ID card    ☐ copy of auto policy

12. Explain any controls/procedures that you use by applicant to reduce exposure and/or liability in regards to the use of employee or volunteer automobiles used on applicant's behalf:

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#### Section VI. Loss Information

1. Please provide a description of any claim or loss arising out of the operation of an auto you did not own during the past five(5) years.

Year:

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Year:

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Year:

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Year:

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Year:

#### Fraud Warning

**General Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph.

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim 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.
Louisiana	Any person who knowingly presents a false or fraudulent claims for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## Representation and Warranty

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:

\_\_\_\_\_

Print name and title of the person authorized on behalf of the Applicant:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of person authorized to execute on behalf of the Applicant:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_