



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

HIRED & NON-OWNED AUTO SUPPLEMENTAL APPLICATION

I. INSTRUCTIONS

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 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.

II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured:

2. Does the Applicant currently hold HNOA coverage? Yes No
If yes, please select the limit below:
 \$100,000/\$200,000 \$250,000/\$250,000 \$250,000/\$500,000
 \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000
 Other: _____
3. What is the Applicant's desired effective date? _____
4. For what purposes is the Applicant seeking HNOA coverage (select all that apply)?
 Franchise Requirement Lender Requirement Government/Municipal Contract
 Vendor Requirement Lease Requirement Offered on Expiring Policy
 Other: _____

III. EXPOSURE INFORMATION

5. Please complete the exposure worksheet below in its entirety:

Number of Employees:	
How many people drive on behalf of the Applicant?	
Maximum number of drivers on the road at a given time:	
Approximate miles driven per year per driver :	
Average yearly expense for rental cars leased by all employees:	\$

6. Does the Applicant engage in any of the following business operations or services?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Trucking/Hauling | <input type="checkbox"/> Sales Representative | <input type="checkbox"/> Trucking | <input type="checkbox"/> Freight Forwarding |
| <input type="checkbox"/> Taxi Services | <input type="checkbox"/> Ride Share Services | <input type="checkbox"/> Valet | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Moving Services | <input type="checkbox"/> Property Management | <input type="checkbox"/> Security/Patrol | <input type="checkbox"/> Fuel Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Consultant Services | <input type="checkbox"/> Courier | <input type="checkbox"/> Staffing Agency |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Food Delivery | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Logging Services |
| <input type="checkbox"/> Waste Removal | <input type="checkbox"/> Transportation of Passengers | | |

IV. ADDITIONAL EXPOSURE INFORMATION

7. Does the Applicant own any vehicles? Yes No

If yes, how many vehicles are owned by the Applicant? _____

Does the Applicant have a commercial auto policy in place? Yes No

Select all that apply for the Applicant's owned vehicles:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Class 1: Motorcycles | <input type="checkbox"/> Passenger Cars (Sedan or Coupe) | <input type="checkbox"/> Bus |
| <input type="checkbox"/> 15-Passenger Vans | <input type="checkbox"/> SUV, Pickup, or Utility Vans | <input type="checkbox"/> Box Trucks |
| <input type="checkbox"/> 3+ Axle Trucks | <input type="checkbox"/> Combination Trucks (Tractor Trailer or Multi-Trailer Trucks) | |
| <input type="checkbox"/> Other: _____ | | |

8. How frequently do employees of the Applicant use personal vehicles for business related purposes?

- Daily Weekly Bi-Monthly Monthly Yearly Seldom

If it is bi-monthly or more frequent, please describe the use:

9. Does the Applicant check driver MVRs prior to hire? Yes No

10. Is there a formal driver safety training program in place? Yes No

If yes, is this required to be completed by all new employees? Yes No

Does the Applicant require this course to be completed annually? Yes No

11. Does the Applicant require evidence of auto insurance from employees? Yes No

If yes, please describe how this is verified:

- | | | |
|---|---|--|
| <input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Copy of Auto ID Card | <input type="checkbox"/> Copy of Auto Policy |
| <input type="checkbox"/> Other: _____ | | |

12. Does the Applicant utilize any volunteers? Yes No

V. LOSS HISTORY

Note that supporting documentation is required for all "Yes" answers on the below questions.

13. During the past five years, has the Applicant incurred any HNOA related losses? Yes No

14. Has the Applicant incurred an HNOA claim that was not covered by insurance? Yes No

15. Is the Applicant aware of any actual or alleged accident, incident occurrence, offense, or other fact or circumstance that could reasonably give rise to an HNOA claim? Yes No

VI. 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.

Applicant Notice to Applicants in:

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	<i>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.</i>
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 for 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 any 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 containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
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	Application: 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.

	Claim: 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 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.
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 any 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	General: 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. Auto: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each 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 a 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	General: 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. Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

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.

VII. 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 understand 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: _____