**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

**Non-Owned and Hired Auto Coverage SUPPLEMENTAL QUESTIONNAIRE**

|  |  |
| --- | --- |
| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No.:  Address:    E-mail:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**HIRED AUTO COVERAGE**

Complete if hired auto coverage is desired.

1. Does applicant own any commercial vehicles?  Yes  No

Number of employees:       Website address:

|  |
| --- |
| 2. Why is hired auto coverage being requested? |

3. Number of hired autos:

4. Types of autos hired:

How are they used?

What is gross vehicle weight of commercial autos?

What is passenger capability of public autos?

5. What is the average term of lease?

6. What is the maximum distance in which a hired auto may be driven from the premises?

7. Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant’s employees, partners or members of their household?  Yes  No

|  |
| --- |
| If yes, give details and how many: |

8. Does any agent, independent contractor, or employee lease autos in the applicant’s name?  Yes  No

|  |
| --- |
| If yes, explain: |

9. At any time will you subcontract out work?  Yes  No

|  |
| --- |
| If yes, what work is subcontracted? |

Cost to subcontract:

10. Estimated cost of hired autos:

This year: $      Last Year: $

Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos?  Yes  No

|  |
| --- |
| If yes, explain: |

11. What percentage of the hired autos’ revenue is paid to owners of the autos?      %

12. Are drivers to be provided by the applicant 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 (applicant)?

13. Will the applicant be named as an additional insured on the lessor’s policy?  Yes  No

14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation?  Yes  No

If yes, are vehicles leased from the subsidiary or affiliate?

15. What is the business of the subsidiary or affiliate?

16. Does the applicant have an ICC broker’s authority or provide a brokerage service?  Yes  No

17. Loss History:

Has applicant had any hired auto losses in the past?  Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  Check if no losses in the last three years | | | | |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or Closed)** |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |

Applicant’s Signature: Date:

**NON-OWNED AUTO COVERAGE**

Complete if Non-Owned auto coverage is desired.

1. Does applicant own any commercial vehicles?  Yes  No

Website address:

|  |
| --- |
| 2. Why is non-ownership liability coverage being requested? |

|  |
| --- |
| 3. What types of non-owned autos will be used in the applicant’s business? |

|  |
| --- |
| How will they be used? |

4. How often are non-owned autos used in the applicant’s business?  Daily  Weekly  Monthly

Estimated number of hours per month:

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

6. What is the maximum distance which a non-owned auto may be driven from the applicant’s premises?       miles

7. Total number of non-owned autos used in the applicant’s business:

8. Total number of employees:

9. Total number of officers and partners:

10. If a social service operation, indicate total number of volunteers furnishing autos in the applicant’s operation:

Maximum number of volunteers at any one time:

11. Do employees lease autos on the applicant’s behalf?  Yes  No

If yes, under whose name are autos leased?  Employees  Applicant

12. Does the applicant require employees and volunteers to have their own insurance?  Yes  No

If yes, what are the minimum limits required?

Does the applicant require evidence of insurance?  Yes  No

13. Will the applicant use non-owned autos other than those owned by employees?  Yes  No

|  |
| --- |
| If yes, describe relationship: |

14. Does the applicant obtain motor vehicle records for all drivers?  Yes  No

15. Loss History:

Has applicant had any non-owned auto losses in the past?  Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  Check if no losses in the last three years | | | | |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or Closed)** |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |

Applicant’s Signature: Date: