



HIRED AUTO AND NON-OWNED AUTO QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a completed ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? [] Yes [] No

If the business maintains a web site, state the address: _____

LIMIT OF LIABILITY REQUESTED

Please check the limit of liability you desire:

[] \$100,000/\$100,000 [] \$300,000/\$300,000 [] \$500,000/\$500,000

[] \$1,000,000/\$1,000,000 [] Other _____

Effective Date: _____ Length of Term Desired: _____

HIRED AUTO

1. Do you hire, rent or borrow autos to be used in your business? [] Yes [] No

a. If yes, which types of autos do you hire, rent or borrow? _____

b. Total estimated annual cost: \$ _____

NON-OWNED AUTO

1. Types of non-owned autos used in your business: _____

2. How will they be used? _____

3. Do you require employees to have their own insurance? [] Yes [] No

a. If yes, what are the minimum limits required? _____

4. Do you require proof of insurance? [] Yes [] No

5. Number of employees who may operate their autos on your behalf? _____

6. Frequency you check employee driving records? _____

7. Do you have written guidelines of what is an acceptable driving record? [] Yes [] No

a. If yes, what is not acceptable? _____

8. Will you use non-owned autos other than those owned by your employees? [] Yes [] No

a. If yes, describe: _____

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

10. Estimated number of hours/days per month: _____

11. Longest distance a non-owned auto will be driven on business for you? _____

12. Will you use non-owned autos other than those owned by your employees? [] Yes [] No

a. If yes, describe: _____



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address