

# Supplemental Questionnaire Non-Owned Auto Coverage

Complete if Non-Owned Auto Coverage is desired.

1. Why is non-ownership liability coverage being requested? \_\_\_\_\_  
\_\_\_\_\_
2. What type of non-owned autos will be used in the insured's business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
How will they be used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is the maximum distance which a non-owned auto may be driven from the insured's premises? \_\_\_\_\_ miles.
4. Total number of non-owned autos used in the insured's business: \_\_\_\_\_
5. Total number of employees: \_\_\_\_\_
6. If a social service operation, indicate total number of volunteers furnishing autos in the insured's operation: \_\_\_\_\_  
Maximum number of volunteers at any one time: \_\_\_\_\_
7. How often are non-owned autos used in the insured's business?  Daily  Weekly  Monthly  
Estimated number of hours per month: \_\_\_\_\_
8. Do your employees lease autos on insured's behalf?  Yes  No  
If yes, under whose name are autos leased?  Employee's  Insured's
9. What is the estimated annual mileage for use of all non-owned autos? \_\_\_\_\_ miles.
10. Do you require employees to have their own insurance?  Yes  No  
If yes, what are the minimum limits required? \_\_\_\_\_  
Do you require evidence of insurance?  Yes  No
11. Will you use non-owned autos other than those owned by your employees?  Yes  No  
If yes, describe relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_