



Mid Valley General Agency LLC
 3400 State Street #G-740, Salem, OR 97301
 Phone: 888-565-7001 ♦ Fax: 888-265-7353
 www.midvalleyga.com

HIRED AND NON-OWNED AUTOMOBILE SUPPLEMENTAL APPLICATION

Name of Applicant: _____
 D/B/A: _____
 Street Address: _____

 P.O. Mailing Address: _____

 Phone Number: (____) _____
 Web Site: _____

Agent Name: _____

 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

HIRED AUTO INFORMATION

1. **Why is hired auto coverage being requested?** _____
2. **Do you haul for others?** Yes No
 If yes, indicate percentage and for whom: _____
3. **Are any vehicles or equipment loaned, rented or leased to others?** Yes No
4. **Do you lease, hire, rent or borrow any vehicles from others?** Yes No
 What is the average term of the lease? _____
 Is there a written agreement? Yes No
 If yes, provide a copy of the agreement.
5. **Does your lease agreement contain a Hold Harmless clause?** Yes No
6. **Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire?** Yes No
7. **Do you obtain certificates of insurance from the truckers you hire?** Yes No
 Certificates of insurance with limits of at least \$750,000 are required from your sub-haulers. If you do not have these on file when we audit, we will charge you for primary hired auto insurance. Do you understand? Yes No
8. **If owner/operators are leased for six (6) months or longer, will they be scheduled on your policy?** Yes No
 If yes, provide a copy of the agreement you use.
9. **Do you lease, hire, rent or borrow any vehicles from others without drivers?** Yes No
 Will they be scheduled on the policy? Yes No
 What is the average term of lease? _____

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10. **What is your cost to lease, hire, rent or borrow vehicles?** With drivers: \$ _____ Without drivers: \$ _____
Estimated cost of hired autos: This year: \$ _____ Last year: \$ _____
11. **What type of vehicles do you lease, hire, rent or borrow?** Truck-Tractors: ___% Trailers: ___%
Heavy and Extra Trucks: ___% Pickup Trucks or Vans: ___% Private Passenger Cars: ___%
12. **At any time will your employees, subcontractors or owner/operators lease vehicles in your name?** Yes No
If yes, explain: _____
13. **How many years of experience does your management have in the truck/transportation business?** _____
Please provide an explanation of their experience: _____
14. **Do you arrange or dispatch loads for others, not including your own hired truckers?** Yes No
Please explain: _____
Are you named on the Bills of Lading? Yes No
Annual number of Truckers: _____ Loads: _____
15. **Do you have brokerage authority?** Yes No
If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No
What is your brokerage motor carrier number? _____
Whose name appears on the bill of lading as the carrier? _____
What is your brokerage revenue for the most recent twelve (12) months? _____
Estimated next twelve (12) months? _____
16. **Are driver teams used?** Yes No
17. **Will more than one driver use a specific truck?** Yes No

NON-OWNED AUTO INFORMATION

18. **Why is non-ownership liability coverage being requested?** _____
19. **What types of non-owned autos will be used in your business?** _____
Total number of non-owned autos used: _____ How will they be used? _____
20. **How often are non-owned autos used in your business?** Daily Weekly Monthly Other _____
Estimate the number of hours per month: _____
Estimated annual mileage for use of all non-owned autos: _____
21. **Do any employees use their autos in your business?** Yes No
If yes, what limit of liability insurance are they required to maintain? _____
Do you require evidence of insurance? Yes No
22. **Do employees lease autos on your behalf?** Yes No
If yes, under whose name are the autos leased? Employees name Your name
23. **Will you use non-owned autos other than those owned by employees?** Yes No
If yes, describe the relationship: _____
24. **Total number of employees:** _____ **Total number of officers and partners:** _____

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25. If a social service operation, indicate the total number of volunteers furnishing autos in your operation:

Maximum number of volunteers at any one time: _____ How will they use their vehicles? _____

26. Are volunteers required to have their own insurance? Yes No

Minimum limits required: _____

27. Do you obtain motor vehicle records for all drivers?..... Yes No

28. Do you understand that we may audit your records for Hired and Non-Owned auto exposure, which might result in an additional premium?..... Yes No

FRAUD WARNING:

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

Note to General Agent: If hired auto coverage is provided, notify the Premium Finance Company of the audit required.
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