

Scottsdale Insurance 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

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

HIRED AND NON-OWNED 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: _____

