



COSSIO INSURANCE AGENCY

## NON-OWNED HIRED AUTO

PO Box 188  
Simpsonville, SC 29681

Phone: (864) 688-0121

Fax: (864) 688-0138

www.cossioinsurance.com

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to one of the agents listed below.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Inception Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Best time to contact: ☐ Morning ☐ Afternoon ☐ Evening

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Type of business/provide a detailed description of operations: \_\_\_\_\_

Year business started: \_\_\_\_\_ Current Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Limits: \_\_\_\_\_ Liability Deductible: \_\_\_\_\_

Property Limits: \_\_\_\_\_ Property Deductible: \_\_\_\_\_

Is company cancelling coverage? ☐ yes ☐ no

Why? \_\_\_\_\_

Annual Sales: \$\_\_\_\_\_ Current premium(s): \$\_\_\_\_\_

Any claims in the last five years? ☐ yes ☐ no

Named Insured	Status	Relationship	Address	City	State	Zip Code
	First					
	Additional					
	Additional					
	Additional					

## NON-OWNED HIRED AUTO

Effective date of coverage: \_\_\_\_\_

Limit of Liability: ☐ \$1,000,000 ☐ \$500,000 ☐ \$300,000 ☐ Other: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Sales: \_\_\_\_\_ Delivery Receipts (if applicable): \_\_\_\_\_

5. Does any Named Insured own or lease autos on a long term (greater than 6 months) basis? ☐ Yes ☐ No

If yes, are these vehicles covered under a separate standard Business Auto Policy? ☐ Yes ☐ No

If yes, the carrier is \_\_\_\_\_ and Policy No. is \_\_\_\_\_  
and the policy term is \_\_\_\_\_ to \_\_\_\_\_

In which states do you operate? \_\_\_\_\_

### NON-OWNED AUTO

How many people do you employ? \_\_\_\_\_ How many volunteers do you have? \_\_\_\_\_

Do employees or volunteers use their own vehicles for company business? ☐ Yes ☐ No

If yes, please complete the following grid with the numbers of each type and the hours of **daily usage** that best describes the usage of their vehicles for company business.

	Less than 1 hour	1 hour to 2 hours	2 hours to 4 hours	4 hours or more
No. of Employees	_____	_____	_____	_____
No. of Volunteers	_____	_____	_____	_____

How many of the employees and volunteers that use their vehicle on company business are under the age of 21? \_\_\_\_\_

Will non-owned autos be other than private passenger types (car, van, pick-up)? ☐ Yes ☐ No  
If yes, describe type and use. \_\_\_\_\_

Do employees or volunteers transport passengers other than employees as part of your business? ☐ Yes ☐ No

Are employees and volunteers required to carry their own auto liability insurance? ☐ Yes ☐ No

If yes, what are the minimum liability limits required? \_\_\_\_\_

Are employees and volunteers required to furnish proof of insurance before authorizing them to use their auto on company business? ☐ Yes ☐ No

If yes, how often is evidence of insurance updated?  
☐ Semi-annual ☐ Annual ☐ Other \_\_\_\_\_

Are Motor Vehicle Records of employees and volunteers reviewed before authorizing them to use their auto on company business? ☐ Yes ☐ No

## NON-OWNED HIRED AUTO

Do employees or volunteers use their vehicles beyond a 75 mile radius? ☐ Yes ☐ No

If yes, describe purpose, frequency and estimated mileage: \_\_\_\_\_

### HIRED AUTO

Do you hire autos (other than ICC common carrier) to transport persons or property? ☐ Yes ☐ No

How much do you expect to spend on hired autos in the next 12 months? \$ \_\_\_\_\_

How much did you spend last year? \$ \_\_\_\_\_ Two years ago? \$ \_\_\_\_\_

Describe the purpose of the hired autos: \_\_\_\_\_

What is the typical length a time an auto is hired? \_\_\_\_\_

How many times per year will you hire an auto? \_\_\_\_\_

What type (passenger car, pick-up truck, passenger van, light truck, medium duty truck, heavy truck tractor) of auto do you typically hire? \_\_\_\_\_

Do only your employees operate the hired autos? ☐ Yes ☐ No  
If no, is lessor required to furnish proof of insurance? ☐ Yes ☐ No

What minimum limits of auto liability insurance are required? \_\_\_\_\_

Does the lessor name you as an additional insured on his insurance? ☐ Yes ☐ No

Does the applicant lease, hire, rent or borrow any autos from a subsidiary or affiliate? ☐ Yes ☐ No

### LOSS INFORMATION

Please provide a description of any claim or loss arising out of the operation of an auto you did not own during the past 5 years. Please include details as shown below. Loss runs attached

Date of Loss	Description of Claim	Status	Paid	Reserved	Incurred
		Open			
		Open			
		Open			

### UNINSURED AND UNDERINSURED MOTORISTS SELECTION/REJECTION

Uninsured Motorists Coverage (UM) and Combined Uninsured/Underinsured Motorists Coverage (UM/UIM) and coverage options are available to me. I understand that:

- The UIM and UM/UIM limits shown for the vehicles on this policy may not be added together to determine the total amount of coverage provided.
- UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident are available.
- UM property damage limits up to the highest policy property damage limit are available. Coverage to property damage is applicable only to damages caused by uninsured motor vehicles.
- My selection or rejection of coverage below will apply to any renewal, reinstatement, substitute, amended, altered, modified, transfer or replacement policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.
- My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

## NON-OWNED HIRED AUTO

**(CHOOSE ONLY ONE OF THE FOLLOWING)**

I choose to reject Combined Uninsured/Underinsured Motorists Coverage and select Uninsured Motorists Coverage at limits of: Bodily Injury \$\_\_\_\_\_ Property Damage \$\_\_\_\_\_

I choose combined Uninsured/Underinsured Motorists Coverage at limits of  
Bodily Injury \$\_\_\_\_\_ Property Damage \$\_\_\_\_\_

I choose to reject both Uninsured and Combined Uninsured/Underinsured Motorists Coverages

Signature for First Named Insured: \_\_\_\_\_

**DECLARATION AND SIGNATURE**

I have read the above Application. I declare that to the best of my knowledge and belief the statements and information in this Application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this Application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature for First Named Insured: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR NEW YORK AND OHIO APPLICANTS**

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, 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.

*\*Note: Please make sure all of the above is completed correctly before clicking the button below. Make sure to save the application in your documents folder and e-mail the application to the e-mail address located on the footer of this form.*

**SAVE**