



International Property & Casualty Brokers of NV, Inc.

P.O. Box 1150, Gardnerville, NV 89410

Phone: (775)782-6655 Fax: (775)782-6654 www.ipc-nv.com

Miscellaneous

HIRED & NON-OWNED AUTO APPLICATION

Agent: _____

A. GENERAL INFORMATION

1. Applicant's Name:		
2. Contact Person:	Phone Number:	
3. Street Address:		
4. City:	State:	Zip:
5. Website Address:		
6. <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		
7. Policy Effective Date:		
8. Years operating in your current business name?		
9. Have you owned a similar business or had any change in ownership, management or name of your current business in the past 5 years: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		
10. Is your business a subsidiary of another entity or does your business have any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		
11. Total number of locations to be scheduled on the policy:		
12. List the complete address for all locations to be scheduled on the policy:		

B. COVERAGES REQUESTED

<input type="checkbox"/> Hired and Non-Owned Liability Limits: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$1,500,000 <input type="checkbox"/> \$2,000,000

C. OPERATIONS

1. Describe completely how Hired & Non-Owned Autos are used?	
2. Number of drivers (Employed and Contracted)?	MUST PROVIDE MVR'S OF ALL DRIVERS FOR A QUOTE
3. Do all drivers have 2 years driving experience? (Employed and Contracted)?	
4. Are your drivers on the road the entire work day? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, how many hours does each driver spend driving per day?	
5. What is the minimum age of drivers?	
6. Do you ever provide transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
7. Do you rent autos? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? How many days per year?	
8. What auto liability limits are the drivers required to maintain?	
9. What type of autos are used and how many?	
<input type="checkbox"/> Private Passenger	How Many?
<input type="checkbox"/> Pick Ups/Vans	How Many?
<input type="checkbox"/> Light Trucks	How Many?
<input type="checkbox"/> Medium Trucks	How Many?
<input type="checkbox"/> Heavy Trucks	How Many?
<input type="checkbox"/> Extra Heavy Trucks	How Many?
<input type="checkbox"/> Tractors	How Many?
<input type="checkbox"/> Trailers	How Many?
10. Do you have a Driver Safety Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.	

D. PRIOR AUTO INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.)

Policy Dates	Insurance Carrier	Policy #	Premium	*Total Auto Liability Claims		Cancelled or Non-Renewed? (Reason)
				#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	

*5 Years of loss runs are required, please attach. Please also describe any loss over \$25,000:

E. AGREEMENTS AND SIGNATURES

APPLICANT: I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. THIS APPLICATION ALONE DOES NOT BIND COVERAGE.

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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

F. SPECIAL COVERAGE RESTRICTION

I have read endorsement **SPECIAL RESTRICTIONS AND EXCLUSIONS** and agree to its terms as a condition of the policy being issued by the company. I understand that coverage for a claim may be denied if we do not adhere to any of the terms of **SPECIAL RESTRICTIONS AND EXCLUSIONS**.

Applicant's Signature _____ Date _____	Producer's Signature _____ Date _____
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