



## HIRED AND NON-OWNED AUTO LIABILITY COVERAGE SUPPLEMENT

**Note: This coverage can ONLY be written in connection with Liability coverage through our program**

Named Insured: \_\_\_\_\_

1. What coverage limit are you requesting?  
[ ] \$250,000      [ ] \$500,000      [ ] \$1,000,000      [ ] Other: \_\_\_\_\_
2. Is a copy of the employee's personal auto policy requested and kept on file?      [ ] Yes      [ ] No  
A. What minimum limits are required? \_\_\_\_\_
3. What are the Company's requirements to be a driver and how are they enforced/reviewed?  
A. Requirements: \_\_\_\_\_  
B. How Enforced: \_\_\_\_\_
4. Does the company screen ALL drivers with MVRs?      [ ] Yes      [ ] No
5. How often does the Company run MVR to determine that current drivers are eligible?  
[ ] Annually  
[ ] Semi-Annually  
[ ] Other - Describe: \_\_\_\_\_
6. Are employees expected to drive their personal cars on company business?      [ ] Yes      [ ] No
7. List number of employees that drive, broken down by state:

<u>State</u>	<u># of Employees</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signed: \_\_\_\_\_

Date: \_\_\_\_\_