

Non-Owned Auto Coverage - Garage

Tax ID: _____

1. Why is non-ownership liability coverage being requested? _____

2. Are all the types of non-owned autos used in the insured's business private passenger type vehicles? Yes No
Are any of these non-owned vehicles tow trucks? Yes No
How will they be used? _____

3. What is the likely maximum distance that a covered non-owned auto might be driven away from the insured's premises? _____ miles.
4. Total number of non-owned autos used in the insured's business? _____
5. Total number of employees? _____
6. How often are non-owned autos used in the insured's business?
 Daily Weekly Monthly
Estimate number of hours used per month. _____
7. Do your employees lease autos on insured's behalf? Yes No
If yes, under whose name are autos leased? Employees Insured
8. What is the estimated annual mileage for use of all non-owned autos? _____ miles.
9. Do you require employees to also have their own insurance for their own vehicles?
 Yes No
If yes, what are the minimum limits required? _____
Do you require evidence of insurance? Yes No
10. Will you use non-owned autos other than those owned by your employees? Yes No
If yes, describe relationship. _____

Completed by insured _____ Date _____
(Insured's Signature)