



**NON-OWNED AUTO COVERAGE  
PUBLIC AUTO SUPPLEMENTAL APPLICATION**

Effective Date \_\_\_\_\_

Name \_\_\_\_\_ Policy No. \_\_\_\_\_

1. What types of non-owned autos will be used in your business?  
\_\_\_\_\_

2. How will they be used? \_\_\_\_\_  
\_\_\_\_\_

3. Total number of non-owned autos that might be used in your business: \_\_\_\_\_

4. What is the longest distance a non-owned auto will be driven on business for you? \_\_\_\_\_  
Miles

5. What is the estimated annual mileage for all non-owned autos? \_\_\_\_\_  
Miles

6. How often are non-owned autos used in your business? \_\_\_\_\_  
Estimated number of hours/days per month: \_\_\_\_\_

7. Number of employees: \_\_\_\_\_  
Number of employees who may operate their autos in your behalf: \_\_\_\_\_

8. If social service organization, how may volunteers furnish autos in your operation? \_\_\_\_\_  
What is the maximum number at any time? \_\_\_\_\_

9. Do you require employees to have their own insurance? YES NO  
   
If yes, what are the minimum limits required? \_\_\_\_\_

10. Do you require proof of insurance?

11. How often do you check employees' driving records? \_\_\_\_\_  
Will you use non-owned autos other than those owned by your employees?

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date