

**SOUTHERN COUNTY MUTUAL  
INSURANCE COMPANY**

**HIRED AUTO  
PHYSICAL DAMAGE COVERAGE SUPPLEMENT**

Submission/ Policy Number	Effective Date
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Name \_\_\_\_\_

Hired Physical Damage Limit	Estimated Number of Days
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Hired Physical Damage Deductibles:

- Comprehensive \_\_\_\_\_ OR  Specified Causes of Loss \_\_\_\_\_  
 Collision \_\_\_\_\_

**Coverage May Not Be Bound Without Prior Approval**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Does the insured/ applicant carry physical damage coverage on all the vehicles insured with Southern County Mutual Insurance Company?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the insured/ applicant have a proven accounting and recordkeeping system that is readily available to Southern County Mutual Insurance Company?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the insured/ applicant's accounting and recordkeeping system assure that the insured conforms to all terms and conditions of this coverage?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the insured/ applicant keep records of all units added for Hired Auto Physical Damage coverage and the number of days each unit was covered?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the insured/ applicant require written rent/ lease contracts between the insured and equipment owners for all transactions prior to the transactions taking place? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, what percent of your rent/ lease transactions have a written rent/ lease contract? \_\_\_\_\_ %

**Requirements**

Hired Auto Physical Damage coverage deductible must match the deductible carried by the fleet for physical damage coverage.

Hired Auto Physical Damage coverage is subject to a minimum premium and is fully earned.

The insured will supply a report to the company within 15 days of the end of the policy term showing the number of vehicles and the number of days per vehicle that it was insured.

The insured agrees to pay any additional premium due the company for coverage provided.

I certify and represent that the above responses are full and true statements and are provided as part of my application for insurance coverage.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRODUCER'S SIGNATURE