

# Benchmark

MANAGEMENT GROUP, INC.

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## SUPPLEMENTAL QUESTIONNAIRE Hired Auto Coverage

Complete if hired auto coverage is desired.

1. Why is hired auto coverage being requested?

\_\_\_\_\_  
\_\_\_\_\_

2. Number of hired autos to be scheduled on the policy: \_\_\_\_\_

3. Types of autos hired: \_\_\_\_\_

How are they used? \_\_\_\_\_

What is gross vehicle weight of commercial autos?

What is passenger capability of public autos?

\_\_\_\_\_

4. What is the average term of lease? \_\_\_\_\_

5. Are the same autos leased or does it vary?

Same autos    Varies

6. If the same, explain why the autos cannot be scheduled on the policy: \_\_\_\_\_

\_\_\_\_\_

7. Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant's employees, partners or members of their household?

Yes    No

If yes, give details and how many: \_\_\_\_\_

\_\_\_\_\_

8. Does any agent, independent contractor, or employee lease autos in the applicant's name?

Yes    No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

9. At any time will you subcontract out work?

Yes    No

If yes, what work is subcontracted? \_\_\_\_\_

\_\_\_\_\_

Cost to subcontract: \_\_\_\_\_

10. Estimated cost of hired autos:

This year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_

Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos?

Yes    No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

11. What percentage of the hired autos' revenue is paid to owners of the autos? \_\_\_\_\_ %

12. Are drivers to be provided by the applicant to operate hired autos?

Yes    No

If no, will the drivers be required to provide Certificates of Insurance?

Yes    No

What are the minimum liability limits required by the lessee (applicant)? \_\_\_\_\_

13. Will the applicant be named as an additional insured on the lessor's policy?

Yes    No

14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation?

Yes    No

If yes, are vehicles leased from the subsidiary or affiliate? \_\_\_\_\_

15. What is the business of the subsidiary or affiliate?

\_\_\_\_\_

16. Does the applicant have an ICC broker's authority or provide a brokerage service?

Yes    No

17. Is the premium financed?

Yes    No

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

# SUPPLEMENTAL QUESTIONNAIRE

## Non-Owned Auto Coverage

Complete if non-owned auto coverage is desired.

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

\_\_\_\_\_

\_\_\_\_\_

2. What types of non-owned autos will be used in the applicant's business? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

3. How often are non-owned autos used in the applicant's business?

Daily             Weekly             Monthly

Estimated number of hours per month: \_\_\_\_\_

4. What is the estimated annual mileage for use of all non-owned autos? \_\_\_\_\_ miles

5. What is the maximum distance which a non-owned auto may be driven from the applicant's premises? \_\_\_\_\_ miles

6. Total number of non-owned autos used in the applicant's business: \_\_\_\_\_

7. Total number of employees: \_\_\_\_\_

8. Total number of officers and partners: \_\_\_\_\_

9. If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation: \_\_\_\_\_

Maximum number of volunteers at any one time:

\_\_\_\_\_

10. Do employees lease autos on the applicant's behalf?

Yes             No

If yes, under whose name are autos leased?

Employees             Applicant

11. Does the applicant require employees and volunteers to have their own insurance?

Yes             No

If yes, what are the minimum limits required?

\_\_\_\_\_

Does the applicant require evidence of insurance?

Yes             No

12. Will the applicant use non-owned autos other than those owned by employees?

Yes             No

If yes, describe relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Does the applicant obtain motor vehicle records for all drivers?

Yes             No

14. Does the applicant understand that we intend to audit his records regarding the cost of hire and/or non-owned exposures?

Yes             No

### NOTE TO GENERAL AGENTS:

If hired auto coverage is provided, notify the Premium Finance Company of the audit required.

**This form MUST be signed by the applicant.**

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