



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: _____