



Personal Care Home Hired & Non-Owned Auto Supplement

(note: All questions must be answered or application will be returned)

Automobile Liability Limits and Exposures:

1. Please select the requested automobile coverage: Non-Owned Auto only Hired & Non-Owned Auto
2. Please select the requested limits: \$100,000 \$250,000 \$500,000 \$1,000,000
3. Please provide the total number of employees & contractors: _____
4. Do you have any owned autos (including vehicles in the owner's name that are used for business purposes)? Yes No
5. Do you contract with a third party entity to provide transportation services? Yes No
- If yes, please provide a copy of the contract.

Automobile Liability Underwriting Information:

1. Do employees or independent contractors use their vehicles on your behalf? Yes No
- If yes, do you verify their insurance coverage? Yes No
2. Do employees or independent contractors use their own vehicle to transport clients/residents? Yes No
- If yes, do employees or independent contractors transport non-ambulatory clients? Yes No
- If yes, are all vehicles equipped with wheelchair locks/lifts? Yes No
3. Do employees or independent contractors operate ANY vehicles that are owned by clients/residents? Yes No
4. Are certificate/proof of insurance obtained at time of hire and annually thereafter? Yes No
5. What limits of insurance does the applicant require all employees and independent contractors to maintain?
- State Minimum Higher Than State Minimum
6. Does the applicant obtain MVR's prior to hire and annually thereafter for all employees and contractors? Yes No
7. Does the applicant allow drivers who have been convicted of a DUI, DWI, or Vehicular Manslaughter to drive on their behalf? Yes No
8. Are any drivers under the age of 21 or over the age of 70 allowed to drive? Yes No

Applicant's Signature: _____ Date: _____