



Vela Hired Auto & Non-Owned Auto Liability Supplemental Application

Applicant Name: _____

General Information

- 1) Is there an auto policy in force in the name of the applicant? Yes No
- 2) Prior to approving any employee to use their personal auto, or to hire an auto, do you review their MVR (Motor Vehicle Record), including any out of state license? Yes No
- 3) Are MVR's reviewed annually for any employee renting or using their own vehicles for business purposes? Yes No
- 4) Do you have guidelines for acceptable drivers? Yes No
- 5) Do you preclude drivers with any major violations or frequent citations or accidents from driving their own or hired auto in the course of their employment duties? Yes No

Owned Autos

- 6) Are any autos titled to the applicant? Yes No
- 7) Does the applicant lease autos on a long term basis? Yes No
- 8) Do your employee's lease autos on your behalf? Yes No
 If yes, under whose name are autos leased? Employee Insured

Hired Autos

- 9) Does the applicant rent (hire) autos on a short term basis: Yes No
- 10) Estimated rental cost Current Year: _____ Last Year: _____
- 11) Types of autos are rented?

Non-Owned Autos

- 12) How many employees use their own auto during the course of performing their employment duties? _____

13) What types of non-owned autos will be used in the insured's business? _____

How will they be used? _____

14) Maximum distance (miles) that a non-owned auto may be driven from the Insured's premises:

15) How often are non-owned autos used in the insured's business?

Daily Weekly Monthly Estimated number of miles per month: _____

16) Do you require employees to have their own insurance? Yes No

If yes, what are minimum limits required? _____

17) Will you use non-owned autos other than those owned by your employees? Yes No

If yes, describe relationship to owner:

LITIGATION AND CLAIM INFORMATION

1. Have the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge or should have known of any pending or completed governmental, regulatory, investigative or administrative proceedings? Yes No If yes, explain.

2. After inquiry have any claims been made against the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance during the past five (5) years? Yes No

If yes, how many claims have been made in the past five (5) years? _____

Please complete explain on a separate sheet and attach.

3. Does the applicant and/or any of its directors, officers and/or employees, or its predecessors, subsidiaries, affiliates, and employees have knowledge of any occurrence, bodily injury, property damage, act, error or omission which might reasonably be expected to give rise to a claim against him/her, the Applicant firm or any predecessor firm? Yes No

If yes, please provide complete supplemental Claim Information form for each.

REPRESENTATIONS

Vela Insurance Services (the Company) is authorized to make any inquiry in connection with this application, at any time. Completion and/or signing this application does not bind the Company to provide, or the Applicant to purchase, the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the Company receives notice is on file with, the Company. The Company will have relied upon this application, the terms of this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Company, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

AGREEMENT AND WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim(s) information from any prior insurer to the Company.

Applicant: _____ Title: _____

Applicant's signature: _____ Date: _____

Agent/Broker Name: _____

UNDERWRITING INFORMATION

Required underwriting information in addition to the signed and dated Vela Hired Auto & Non-Owned Auto Liability Supplemental Questionnaire:

- A current drivers list that includes anyone who could drive their personal vehicle, or hire/rent a vehicle, for company business.
- Current MVR's for each driver on the list
- A copy of the applicant's Risk Management Program