



AXON UNDERWRITING LLC

HIRED AND NON-OWNED AUTO LIABILITY APPLICATION

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- If any questions do not apply, print or type “N/A” in the space provided.
- This application must be signed and dated by an authorized Owner, Officer or Partner of the Insured.

If additional space is needed to answer the question, attach details on a separate sheet using the Insured’s letterhead.

This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason.

1. APPLICANT INFORMATION

Today’s date:		
Insured Name:		
Insured’s street address (please do not provide only a P.O. Box):		
City:	State:	Zip Code:
Number of Employees		
States of Operation		

2. HIRED AUTO INFORMATION

VEHICLE CLASSIFICATION	NUMBER OF ANNUAL RENTALS	AVERAGE DAYS OF EACH RENTAL	ANNUAL MILEAGE
Private Passenger Vehicles			
Light Trucks (0-10,000 lbs GVW)			
Medium Trucks (10,001 – 20,000 lbs GVW)			
Heavy Trucks (20,001-45,000 lbs GVW)			
Truck-Tractors (over 45,000 GVW)			

3. NON-OWNED AUTO INFORMATION

1. Do employees, independent contractors, or volunteers use their own vehicles for company business? Yes		No	
a. If yes, how many employees, independent contractors, and volunteers use their own autos annually during course of conducting business on behalf of applicant:			
b. What is the estimated annual mileage for all employees using their own vehicles?			

4. DRIVER INFORMATION

1. Do you require that employees or independent contractors carry and provide documentation of at least the minimum compulsory personal auto liability limits required in the state where operations take place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. How often do you review employees or independent contractors personal auto liability limits?				
3. How often do you review MVRs for all principals, employees, independent contractors and volunteers who drive hired/and or non-owned autos?				
4. Do you have a formal driver qualification, safety or training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

5. CLAIMS HISTORY (If additional space is needed, please attach details on a separate sheet of paper.)

A. Have there been any Hired or Non-Owned Auto Liability losses in the past five (5) years? If “Yes,” please detail below and attach five (5) years of loss runs. Yes No

B. Is/are there presently any “open” General Liability or Environmental claim(s) being handled by any prior carrier? If “Yes,” please detail below. Yes No

C. Does applicant have any knowledge of any pre-existing act, omission, events, condition or damages to any person or property that may potentially give rise to any future claim or legal action against the applicant? If “Yes,” please detail below. Yes No

FRAUD WARNING

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, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

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 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS 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 INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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.**

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant's Signature _____

Applicant's Name (Please print) _____

Date Signed By Applicant _____

Agent's Signature _____

Agent's Name (Please print) _____