

Non-owned Auto Coverage Supplemental Application

1. Name of Applicant			
2. Why is non-ownership liability coverage being requested?			
3. What types of non-owned autos will be used in your business?			
How will they be used?			
4. What is the maximum distance which a non-owned auto may be driven from your premises?			
5. Total number of non-owned autos used in your business?			
6. Total number of employees and ages of employees?			
7. How often are non-owned autos used in you business?	Daily:	Weekly:	Monthly:
Estimate the total number of hours used daily, weekly, monthly:			
8. Do your employees lease autos on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. What is the estimated annual mileage for use of all non-owned autos?			
10. Do you require employees to have their own insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what are the minimum limits required?			
Do you require evidence of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Will you use non-owned autos other than those owned by your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe relationship			
12. If you operations include delivery (i.e. fast food, couriers, newspapers, driveway contractors) what are the number of deliveries per employee per day?			
Gross receipts from delivery operations:			
Maximum number of employees per day using non-owned autos:			
13. If a social service operation, indicate total number of volunteers furnishing autos in your operation:			
Maximum number of volunteers at any one time:			
APPLICANT'S SIGNATURE			Date

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