



# EMPIRE

EMPIRE FIRE AND MARINE INSURANCE COMPANY  
EMPIRE INDEMNITY INSURANCE COMPANY  
EXECUTIVE OFFICES  
13810 FNB Parkway Omaha, Nebraska 68154-5202



## HIRED AUTO COVERAGE SUPPLEMENT

Complete if hired auto coverage is desired

(This coverage not available unless written with primary auto liability including non-owned coverage)

1. Is hired auto liability coverage being required by:
  - a. Contract  Yes  No
  - b. Umbrella Carrier  Yes  No
  - c. Other  Yes  No If yes, please explain: \_\_\_\_\_
2. Number of autos (as defined in the policy) to be scheduled on the policy: \_\_\_\_\_
3. Gross Receipts:
  - a. past year: \$ \_\_\_\_\_
  - b. estimate for upcoming year: \$ \_\_\_\_\_
4. Type of operation (describe operation): \_\_\_\_\_
5. Cost of hired autos:
  - a. estimated cost of hired autos for upcoming year: \$ \_\_\_\_\_
  - b. actual cost of hired autos for each of the last three years:  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
6. Are you involved in any borrowing or bartering arrangements for the use of autos?  Yes  No
7. Types of autos hired: \_\_\_\_\_
  - a. What is the gross vehicle weight (gww) of commercial autos? \_\_\_\_\_
  - b. What is the passenger capacity of public autos? \_\_\_\_\_
8. What is the average term of the lease? \_\_\_\_\_
9. Are the same autos leased or does it vary?  Varies  Same Autos  
If the same, explain why the autos cannot be scheduled on the policy: \_\_\_\_\_
10. What percentage of the hired autos' revenue is paid to owners of the hired autos? \_\_\_\_\_ %
11. Do you provide the drivers to operate hired autos?  Yes  No  
If no, will the drivers be required to provide Certificates of Insurance?  Yes  No  
What are the minimum liability limits that you require? \$ \_\_\_\_\_
12. Will you be named as an additional insured on the lessors' policy?  Yes  No
13. Do you lease, hire, rent or borrow any auto (other than a private passenger type auto)  
Owned or leased by your employees, partners or members or their household?  Yes  No  
If yes, give details and how many: \_\_\_\_\_
14. Do you own or control any subsidiary or are you affiliated with any other corporation?  Yes  No  
If yes, what is the business of the subsidiary or affiliate? \_\_\_\_\_

And are vehicles leased from that subsidiary or affiliate?  Yes  No

15. Do you have an ICC broker's authority or provide a brokerage service?  Yes  No

16. Are ICC or state regulatory filings required?  Yes  No

17. Do you understand that we intend to audit you records regarding the cost of hire?  Yes  No

**(NOTE TO GENERAL AGENT:** If hired auto coverage is provided and the premium is financed, please notify the Premium Finance Company of the audit requirement.)

Completed by the Named Insured

Date

\_\_\_\_\_  
(NAMED INSURED'S SIGNATURE)



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## NON-OWNED AUTO COVERAGE SUPPLEMENT

Complete if non-owned coverage is desired

(This coverage not available unless written with primary auto liability including hired auto coverage)

1. Is non-ownership liability coverage being required by:

- a. contract  Yes  No
- b. umbrella carrier  Yes  No
- c. other  Yes  No

If yes, please

explain: \_\_\_\_\_

2. Total number of employees: \_\_\_\_\_

3. Total number of non-owned autos used in your business: \_\_\_\_\_

4. Will non-owned autos other than private passenger types, pickups or vans be used?  Yes  No

If yes, describe

autos: \_\_\_\_\_

How will these autos be used? \_\_\_\_\_

5. Are passengers transported?  Yes  No

6. Are non-owned autos likely to be operated beyond 200 miles?  Yes  No

If yes, how often and

why? \_\_\_\_\_

7. If this is a social service operation, indicate the total number of volunteers furnishing autos for your operation? \_\_\_\_\_

Maximum number of volunteers at one time: \_\_\_\_\_

8. How often are non-owned autos used in your business?  Daily  Weekly  Monthly

Estimate number of hours non-owned autos are used per month? \_\_\_\_\_

9. Do your employees lease autos on your behalf?  Yes  No

If yes, under whose name are the autos leased?  Employees  Insured

10. Do you report employee mileage reimbursements for tax purposes?  Yes  No

If yes, how many miles were reported last year? \_\_\_\_\_

What is the estimated annual mileage for use of all non-owned autos (regardless of tax reimbursement status)? \_\_\_\_\_ miles

11. Do you require employees to have their own insurance?  Yes  No

If yes, what are the minimum limits required? \_\_\_\_\_

Do you require proof of insurance?  Yes  No

**12.** Will you use non-owned autos other than those owned by your employees?  **Yes**  **No**  
If yes, whose autos will you be  
using? \_\_\_\_\_

Completed by the Named Insured \_\_\_\_\_ Date \_\_\_\_\_  
**(NAMED INSURED'S SIGNATURE)**