



NON-OWNED AUTOMOBILE LIABILITY SUPPLEMENTAL APPLICATION

- 1. Named of Applicant:
- 2. Limits of Liability requested:
- 3. Why is non owned automobile liability coverage being requested?
- 4. Is a Commercial Automobile policy in effect? YES NO
- 5. List all non owned vehicles to be used in your business:

Year	Make	Model	Owner	Position
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- 6. How are these non owned vehicles to be used in your business?

- Private Passenger
- Pick Ups/Vans
- Light Trucks
- Medium Trucks
- Heavy Trucks
- Extra Heavy
- Tractors
- Extra Heavy Tractors
- Trailers

- 7. Are there any arrangements for borrowing or bartering for the use of vehicles?

- 8. Will you use non owned vehicles other than those of your employees?
 YES NO Explain:

- 9. What is the total number of employees that you have?

- 10. What is the total number of drivers that you have?

- 11. How often are non owned vehicles used?

Daily	Weekly	Monthly	Est. # of hours per month?
Estimated # of miles annual?			

- 12. Do you require your employees to carry minimum limits of insurance on their personal automobile liability insurance policies?
 YES NO
 If YES, what are the minimum limits of insurance?

James River Insurance Company
 7130 Glen Forest Drive, Suite 210
 Richmond, VA 23226-3754
 (804) 289-2700

13. Do you obtain certificates of insurance from your employees showing proof of company that required limits of liability has been obtained?

14. Do employees rent or lease vehicles on your behalf?
 YES NO Whose name?

15. List drivers under 21 or over 65 years of age.

16. What is your practice for maintaining driver information?

17. What is your practice for reviewing driver MVR records?

18. Do you have policy governing cell phone use while driving?
 YES NO
 If yes, what is it and how is it enforced?
19. Have you had any Non Owned Automobile Liability losses in the last 5 years?

ATTACH COPIES OF AUTOMOBILE LOSS RUNS FOR THE LAST 5 YEARS.

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon 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 Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to any insurance company. Such acts can result in fines, penalties, imprisonment and loss of insurance coverage.

WARRANTY: I warrant to the Insurer, that I 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 of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Name:	Signature
Title:	Date: