

Mailing Address: 1707 Post Oak, Suite 279 Houston, Texas 77056 WWW.GRNHLL.COM

Hired and Non-Owned Auto Supplemental Application

Tax ID / SSN:	Applicant's Name			
If Hired and Non-Owned Auto coverage	e is desired, please complete the following:			
	e is written only as an endorsement to the G e general liability policy. This coverage is no t.			
1. How many employees drive their per	rsonal auto in connection with the applican	ıt's business?		
How many of these are part-time em	າployees? 15-25 hrs wk ເ	under 15 hrs wk		
	of staff: er of reimbursable miles driven by staff: their personal auto in connection with your			give number:
None				
2. What are the ages of the drivers?	18 - 25 25 - 35	35 – 45 _		
	45 - 55 55 - 65	Over 65		
3. Does applicant check all driver's MV	Rs?		Yes	No
4. Does applicant require minimum lin Please attach evidence of each drive	nits of at least 100/300 BI - 50 PD? r's auto insurance showing the limits carrie	ed.	Yes	No
5. Does applicant require employees o personal auto?	r others to provide transportation for patie	nts / clients in their	Yes	No
6. Does applicant have owned, leased	or hired autos used in business?		Yes	No
Insurance coverage: carrier	limit	_effective date		
7. Have any auto claims been made or	occurrences reported during the past 5 yea	ars?	Yes	No
If yes, please describe, indicate open	/closed status, amounts paid or reserved:			
	Applicant	 Title		