

## NON-OWNED HIRED AUTO (NOHA) COVERAGE QUESTIONNAIRE

Do you have a Business Auto Policy for owned autos?

☐ Yes ☐ No

If yes, can coverage be obtained under your Business Auto Policy?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

### NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business?

☐ Yes ☐ No

Explain: \_\_\_\_\_

2. Do you, the insured, verify that insurance is in place and with limits of at least \$1,000,000 before employees or volunteers can use their auto?

☐ Yes ☐ No

3. Do you, the insured, run motor vehicle reports on each employee?

☐ Yes ☐ No

4. What other controls or procedures do you use to protect your company's liability? \_\_\_\_\_

5. Number of Employees \_\_\_\_\_

6. Number of Volunteers \_\_\_\_\_

### HIRED AUTO LIABILITY (NO PHYSICAL DAMAGE) VEHICLES THAT ARE RENTED, HIRED OR BORROWED FOR LESS THAN 30 DAYS

1. During the last 3 years have you rented, hired or borrowed any vehicles for your business?

☐ Yes ☐ No

2. If you anticipate some usage this year

a) What type of vehicle (trucks, cars, buses)? \_\_\_\_\_

b) What is the estimated cost to rent or hire the vehicles? \_\_\_\_\_

3. When renting, hiring or borrowing, are the vehicles used to

a) transport people?

☐ Yes ☐ No

If yes, how many and for how long? \_\_\_\_\_

b) haul equipment?

☐ Yes ☐ No

If yes, please explain and identify \_\_\_\_\_

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries \_\_\_\_\_

Distance they will travel \_\_\_\_\_

How long the vehicles will be used \_\_\_\_\_

Year built \_\_\_\_\_

Cost new \_\_\_\_\_

5. Do you normally hire vehicles with or without drivers

☐ Yes ☐ No

6. Is it company policy to buy insurance for rented vehicles?

☐ Yes ☐ No

7. Do you hire vehicles for more than or less than 30 days for any one time?

☐ More ☐ Less

If more than 30 days, please schedule vehicles.

HIRED AUTO PHYSICAL DAMAGE

- 1. What type of vehicles have you leased? \_\_\_\_\_  
What type do you intend to lease (make, model, lease)? \_\_\_\_\_
- 2. What is the highest valued vehicle that you have leased? \_\_\_\_\_  
Intend to lease (type and value)? \_\_\_\_\_
- 3. Do drivers share in the exposure to loss (e.g. driver pays half of the deductible)? ☐ Yes ☐ No
- 4. What is the maximum number of vehicles leased at any one time? \_\_\_\_\_
- 5. City and Province/Territory of the garage location of the vehicles \_\_\_\_\_

Comprehensive Deductible \_\_\_\_\_ Collision Deductible \_\_\_\_\_

LEASED VEHICLES

If leased, what is the term of the lease? \_\_\_\_\_

Please provide the following information on leased vehicles:

VIN#	YEAR	MAKE	MODEL	NEW COST	GARAGING LOCATION (CITY & PROV./TERR.)

GENERAL INFORMATION

Please provide driver's name, birthdate, drivers licence number and province/territory licenced in.

NAME	BIRTHDATE	DRIVERS LICENSE NUMBER	PROVINCE / TERRITORY

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_