

ADULT RESIDENTIAL FACILITY NON-OWNED AUTO SUPPLEMENTAL APPLICATION

Named Insured:	
Policy Number:	Policy Period:
Any owned autos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of employees:	
Number of volunteers:	
Do the employees or volunteers use their own vehicles on behalf of the insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter the approximate number of employees/volunteers that use their own vehicles for company business:	
<input type="checkbox"/> Never _____ <input type="checkbox"/> Occasionally _____ <input type="checkbox"/> Frequently _____	
How many drivers run errands using their own vehicles for company business?	
How many drivers transport clients in their own vehicles for company business?	
Do you obtain copies of insurance policies for employees and volunteers who use their own autos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are these records updated at least yearly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require limits of at least 100/300/100?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, what limits to you require?	
Are MVR's checked on employees/volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a driver safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are seat belts required to be worn by all occupants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In order to obtain non-owned coverage, it is required for your own protection that all employees/volunteers who use their own vehicles regularly maintain personal auto limits of 100/300/100 with a copy of current insurance limits on file.	
Are you willing to follow this procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

FRAUD WARNING (APPLICABLE IN CALIFORNIA AND ARIZONA)

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN OREGON)

Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN WASHINGTON)

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Applicant Signature: _____

Title: _____

Date: _____