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NON-OWNED AUTO QUESTIONNAIRE

Name of Agent: _____

Complete if Non-Owned Auto Coverage is desired.

1. Why is non-ownership liability coverage being requested? _____

2. What type of non-owned autos will be used in the insured's business? _____

How will they be used? _____

3. Maximum distance that a non-owned auto may be driven from the insured's premises: _____ miles.

4. Total number of non-owned autos used in the insured's business: _____

5. Total number of employees: _____

6. If social service operation, indicate total number of volunteers furnishing autos: _____

Maximum number of volunteers at any one time: _____

7. How often are non-owned autos used in the insured's business? Daily Weekly Monthly

Estimated number of hours per month: _____

8. Do your employees lease autos on the insured's behalf? Yes No

If 'Yes', under whose name are autos leased? Employee's Insured's

9. What is the estimated annual mileage for use of all non-owned autos? _____ miles.

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

If 'Yes', what are the minimum limits required? _____

Do you require evidence of insurance? Yes No

11. Will you use non-owned autos other than those owned by your employees? Yes No

If 'Yes', please describe relationship: _____

Applicant's Signature

Date

Witness

