

ANI #10
Non-Owned & Hired / Commercial Auto Coverage Supplemental Application
(To be submitted with ACORD applications)

Applicant Name: _____

Please Note: This application is for Non-Owned & Hired/Commercial Auto coverage, and can only be bound in conjunction with a General Liability policy. For complete instructions on our submission requirements, please visit <https://secure.insurancefornonprofits.org/Brokers-New-Submissions.cfm>

Note: All owned or leased vehicles must be registered to the Applicant.

NON-OWNED & HIRED / COMMERCIAL AUTO COVERAGE

1. Does Applicant currently have any Non-Owned & Hired/Commercial Auto coverage in force? Yes No

If yes, please submit currently valued loss runs for the past three years and complete the following:

Prior Carrier	Effective Dates	Premium

2. How many employees/volunteers regularly drive their personal vehicles on behalf of Applicant? _____

3. For any employee/volunteer who uses their personal vehicle for agency business, does Applicant have a procedure in place to verify personal auto insurance? Yes No

If no, Applicant will be required to implement a procedure if coverage is bound. Our Director of Loss Control will contact them within 30 days of policy issuance.

4. About how often does an employee/volunteer typically drive a personal vehicle on behalf of Applicant?

Daily 1-3 times per week Less than once per week Few times a year

5. Personal Vehicle Usage (check all that apply): Transport Clients/Residents – Frequency: _____

Meal Delivery Errands/Business Travel Other - Describe: _____

6. Does Applicant's organization rent/hire vehicles? Yes No

If yes, indicate annual estimated cost of hire or rental: _____

7. Does Applicant own or lease vehicles or mobile equipment (do not include short-term rentals)? Yes No

If yes, how many? _____

- a. Are any of these vehicles equipped for transporting the physically impaired? Yes No
If yes, please answer the following:

With Wheelchair Lifts	With Loading Ramps	With No Special Equipment
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- b. Number of vehicles? _____

(Please submit a vehicle list indicating which ones are specially equipped along with a completed Auto ACORD. For those with a loading ramp, indicate if ramp is fixed or portable)

- c. Do all of your equipped vehicles follow the ADA standards/requirements listed below?

1. 4pt or 5pt tie-downs/securements with lap & shoulder belt? Yes No Unsure
2. Ramp doors with an opening height of at least 56"? Yes No Unsure
3. Lifts with at least a 30" x 48" clear platform and 2 handrails? Yes No Unsure
4. Gearshift interlocks? (vehicle is immobile when lift is not stowed) Yes No Unsure

- d. Tie-down/securement manufacturer? _____ Unsure

- e. Is training on tie-down procedures given to all staff handling wheelchair transport? Yes No

If no, please explain: _____

- f. Describe your wheelchair tie-down training procedure protocols including number of hours and if hands-on practices are included? _____

(include a separate page if needed or attach a copy of your protocols)

- g. Do all drivers have a minimum of 1 year experience transporting the elderly or those with physical disabilities? Yes No Unsure

If no or unsure, please explain: _____

- h. What is your policy for handling a wheelchair bound client who refuses securement or refuses to be secured? _____

(include a separate page if needed or attach a copy your policy)

Please Note: We no longer order, request, add, delete, maintain or evaluate MVRs and driver records for the policies. We ask that the nonprofit follow our guidelines when deciding whether to allow someone to drive. Our underwriting criteria for drivers of agency owned vehicles can be found at: <https://secure.insurancefor nonprofits.org/Business-Auto-Guidelines-Divers-Agency-Vehicles.cfm>