

STRATFORD INSURANCE COMPANY  WESTERN WORLD INSURANCE COMPANY

**NON-OWNED AUTO APPLICATION**

(This Coverage is not available unless written with primary auto liability including hired auto coverage.)

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

1. What types of non-owned autos will be used in your business? \_\_\_\_\_

How will they be used? \_\_\_\_\_

2. Total number of non-owned autos used in the your business? \_\_\_\_\_

3. Total number of employees? \_\_\_\_\_

4. What is the maximum distance which a non-owned auto may be driven from your premises  
\_\_\_\_\_ miles?

5. If you are a social service agency, indicate the total number of volunteers using autos on your  
agency's behalf: \_\_\_\_\_. Maximum number of volunteers at any one time? \_\_\_\_\_

6. How often are non-owned autos used in your business?  Daily  Weekly  Monthly

Estimate number of hours used per month. \_\_\_\_\_

7. What is the estimated annual mileage for use of all non-owned autos? \_\_\_\_\_ miles.

8. Do you require employees to have their own insurance? \_\_\_\_\_  Yes  No

If yes, what are the minimum liability limits required? \_\_\_\_\_

Do you require evidence of insurance? \_\_\_\_\_  Yes  No

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

If yes, describe relationship and use: \_\_\_\_\_

Completed by applicant/insured \_\_\_\_\_ Date \_\_\_\_\_

(Signature)