



Specified Professions Professional Liability Product

HIRED AND NON OWNED AUTOMOBILE SUPPLEMENTAL APPLICATION

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

1. Do any of the applicant's employees visit more than one service-related location per day? Yes No

If "Yes," please explain: _____

2. Does the organization have a commercial automobile policy in place? Yes No

3. Does the organization own any autos or lease any autos in excess of 30 days? Yes No

4. Does the applicant rent or hire automobiles in excess of 10 times per year? Yes No

5. Does the organization require its employees to transport clients? Yes No

6. Does the applicant employ more than five employees providing professional services? Yes No

This supplemental application is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability insurance.

Signature: _____
(Principal, Partner or Officer)

Title: _____

Date: _____

Print name: _____

This document does not amend, extend or alter the coverage afforded by the Policy. For a complete understanding of any insurance you purchase, you must first read your Policy, Declaration Page and any Endorsements and discuss them with your Broker. A specimen policy is available from an Agent of the Company. Your actual Policy Conditions may be amended by Endorsement or affected by State Laws.