



Insurance Program Managers
 2000 South Colorado Boulevard
 Tower II • Suite 800 • Denver, CO 80222
 800/377-4152 • 303/534-1171 • Fax: 303/623-8101
 FEIinsurance.com
 In CA dba: FEI, Insurance Services #OC73812

HIRED/NON-OWNED AUTOMOBILE APPLICATION

Applicant:	
1.	Are there any vehicles owned/titled to the above applicant?
2.	Does the above applicant, on a long-term basis, lease any vehicles?
3.	Is there a business or commercial auto policy currently in force in the name of the above applicant?
4.	Do employees use their own automobiles during the course of performing their employment duties?
	<p style="margin-left: 20px;">How many employees use their vehicles for work purposes?</p> <p style="margin-left: 20px;">For what specific Duties do employees use their vehicles?</p> <p style="margin-left: 20px;">Do you verify that employees that use their own automobiles for work purposes carry insurance? If so, what limit do you require?</p> <p style="margin-left: 20px;">Do you require either a certificate of insurance or a copy of their policy declaration for your file?</p> <p style="margin-left: 20px;">Do you check MVR's (Motor Vehicle Reports) prior to approving an employee to use their own automobile for business purposes?</p>
5.	Does your business rent (hire) autos on a short-term basis?
6.	Do you check MVR's (Motor Vehicle Reports) prior to approving an employee to rent vehicles on behalf of the company?
<p><i>Note: Non-Owned/Hired car coverage does not provide protection for any owned or leased automobiles. It provides liability protection to <u>your business</u> in the event your business is named as a 3^d party to a lawsuit and is excess over any other valid collectible insurance.</i></p>	



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Warranty Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent act, which is a crime.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: *In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.*

NOTICE TO COLORADO APPLICANTS: "It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: "Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree."



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NOTICE TO HAWAII APPLICANTS: *“For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.”*

NOTICE TO KENTUCKY APPLICANTS: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.”

NOTICE TO LOUISIANA APPLICANTS: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

NOTICE TO MAINE APPLICANTS: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.”

NOTICE TO NEW JERSEY APPLICANTS: “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

NOTICE TO NEW MEXICO APPLICANTS: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: “Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

NOTICE TO OKLAHOMA APPLICANTS: **“WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: “Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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.”

NOTICE TO TENNESSEE APPLICANTS: “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.

NOTICE TO TEXAS APPLICANTS: *In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.*



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NOTICE TO VIRGINIA APPLICANTS: “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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant’s acceptance of the company’s quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

NOTICE TO NEW YORK APPLICANTS: *“Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.”*

Applicant: _____ Title: _____
FEIN #: _____
Applicant’s Signature: _____ Date: _____
Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.