

# Non-Owned Auto Coverage - Garage

1. Why is non-ownership liability coverage being requested? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Are all the types of non-owned autos used in the insured's business private passenger type vehicles?  Yes  No  
Are any of these non-owned vehicles tow trucks?  Yes  No  
How will they be used? \_\_\_\_\_  
\_\_\_\_\_
  
3. What is the likely maximum distance that a covered non-owned auto might be driven away 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. How often are non-owned autos used in the insured's business?  
 Daily  Weekly  Monthly  
Estimate number of hours used per month. \_\_\_\_\_
  
7. Do your employees lease autos on insured's behalf?  Yes  No  
If yes, under whose name are autos leased?  Employees  Insured
  
8. What is the estimated annual mileage for use of all non-owned autos? \_\_\_\_\_ miles.
  
9. Do you require employees to also have their own insurance for their own vehicles?  
 Yes  No  
If yes, what are the minimum limits required? \_\_\_\_\_  
Do you require evidence of insurance?  Yes  No
  
10. Will you use non-owned autos other than those owned by your employees?  Yes  No  
If yes, describe relationship. \_\_\_\_\_  
\_\_\_\_\_

Completed by insured \_\_\_\_\_ Date \_\_\_\_\_  
(Insured's Signature)