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### HIRED AND NONOWNED AUTOMOBILE SUPPLEMENTAL APPLICATION

1. Indicate total annual number of:  
non-owned autos used: \_\_\_\_\_  
number of hired autos used: \_\_\_\_\_
2. If using buses or vans indicate the maximum capacity of the largest vehicle \_\_\_\_\_
3. Describe the typical usage of non-owned/hired vehicles: \_\_\_\_\_  
\_\_\_\_\_
4. Are patients transported in these vehicles?  Yes  No  
If "yes" describe purpose of trips and frequency: \_\_\_\_\_  
\_\_\_\_\_
5. Do you require that all employees/volunteers/contractors carry automobile insurance?  Yes  No  
If "yes":  
Do you require evidence of insurance?  Yes  No  
What minimum limits do you require?  Yes  No  
How frequently is this information updated?  Yes  No
6. Do you routinely run motor vehicle reports for all drivers?  Yes  No
7. Have you reported any claims/incidents under this coverage?  Yes  No  
**If "yes", please complete a Claim/Circumstance/Administrative Hearings Supplement for each incident.**