CENCAL
Insurance Services, Inc.

P.O. Box 5081, San Ramon, CA 94583
(800) 937-3965 - (925) 275-0281 fax
CA License No.: 0791237

HIRED AUTO COVERAGE SUPPLEMENT

Complete if hired auto coverage is desired.

(This coverage not available unless written with primary auto liability including non-owned coverage)

1. Is hired auto liability coverage being required by:
a. Contract ☐ Yes ☐ No
b. Umbrella Carrier ☐ Yes ☐ No
c. Other ☐ Yes ☐ No If yes, please explain: _____

2. Number of autos (as defined in the policy) to be scheduled on the policy: _____

3. Gross Receipts:
a. past year: $ _____
b. estimate for upcoming year: $ _____

4. Type of operation (describe operation): _____

5 Cost of hired autos:
a. estimated cost of hired autos for upcoming year: $ _____
b. actual cost of hired autos for each of the last three years:
$ _____ $ _____ $ _____

6. Are you involved in any borrowing or bartering arrangements for the use of autos? ☐ Yes ☐ No

7. Types of autos hired: _____
a. What is the gross vehicle weight (gvw) of commercial autos? _____
b. What is the passenger capacity of public autos? _____

8. What is the average term of the lease? _____

9. Are the same autos lease or does it vary? ☐ Varies ☐ Same Autos
If the same, explain why the autos cannot be scheduled on the policy: _____

_____

10. What percentage of the hired autos' revenue is paid to owners of the hired autos? _____ %

11. Do you provide the drivers to operate hired autos? ☐ Yes ☐ No
If no, will the drivers be required to provide Certificates of Insurance? ☐ Yes ☐ No
What are the minimum liability limits that you require? $ _____

12. Will you be named as an additional insured on the lessors' policy? ☐ Yes ☐ No

13. Do you lease, hire, rent or borrow any auto (other than a private passenger type auto
Owned or leased by your employees, partners or members or their household? ☐Yes ☐ No
If yes, give details and how many: _____

14. Do you own or control any subsidiary or are you affiliated with any other corporation? ☐ Yes ☐ No
If yes, what is the business of the subsidiary or affiliate? _____
And are vehicles leased from that subsidiary or affiliate? ☐ Yes ☐ No

15 Do you have an ICC broker's authority or provide a brokerage service? ☐ Yes ☐ No

16. Are ICC or state regulatory filings required? ☐ Yes ☐ No

17. Do you understand that we intend to audit you records regarding the cost of hire? ☐ Yes ☐ No

(NOTE TO GENERAL AGENT: If hired auto coverage is provided and the premium is financed, please notify the Premium Finance Company of the audit requirement.**)**

Completed by the Named Insured _____ Date _____
(NAMED INSURED'S SIGNATURE)