CENCAL
Insurance Services, Inc.

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CA License No.: 0791237

NON-OWNED AUTO COVERAGE SUPPLEMENT

Complete if non-owned coverage is desired

(This coverage not available unless written with primary auto liability including hired auto coverage)

1. Is non-ownership liability coverage being required by:
- a. contract ☐ **Yes** ☐ **No**
- b. umbrella carrier ☐ **Yes** ☐ **No**
- c. other ☐ **Yes** ☐ **No** If yes, please explain:_____

2. Total number of employees:_____

3. Total number of non-owned autos used in your business:_____

4. Will non-owned autos other than private passenger types, pickups or vans be used? ☐ **Yes** ☐ **No**
If yes, describe autos:_____
How will these autos be used?_____

5. Are passengers transported? ☐ **Yes** ☐ **No**

6. Are non-owned autos likely to be operated beyond 200 miles? ☐ **Yes** ☐ **No**
If yes, how often and why?_____

7. If this is a social service operation, indicate the total number of volunteers furnishing autos for your operation?_____
Maximum number of volunteers at one time:_____

8. How often are non-owned autos used in your business? ☐ **Daily** ☐ **Weekly** ☐ **Monthly**
Estimate number of hours non-owned autos are used per month?_____

9. Do your employees lease autos on your behalf? ☐ **Yes** ☐ **No**
If yes, under whose name are the autos leased? ☐ **Employees** ☐ **Insured**

10. Do you report employee mileage reimbursements for tax purposes? ☐ **Yes** ☐ **No**
If yes, how many miles were reported last year?_____
What is the estimated annual mileage for use of all non-owned autos (regardless of tax reimbursement status)?_____**miles**

11. Do you require employees to have their own insurance? ☐ **Yes** ☐ **No**
If yes, what are the minimum limits required?_____
Do you require proof of insurance? ☐ **Yes** ☐ **No**

12. Will you use non-owned autos other than those owned by your employees? ☐ **Yes** ☐ **No**
If yes, whose autos will you be using?_____

Completed by the Named Insured_____Date_____
(NAMED INSURED'S SIGNATURE)