

# NON-OWNED AUTO QUESTIONNAIRE

FOR OFFICE USE ONLY – Please do not complete.

United National Insurance Company

Diamond State Insurance Company

United National Specialty Insurance Company

United National Casualty Insurance Company

1. Do you have existing Auto coverage with another carrier?  Yes  No
2. Do you require minimum limits of liability of \$100,000 for any employee or volunteer that drives their vehicle on your behalf?  Yes  No
3. Do you obtain a copy of their Declarations Page or Certificate of Insurance and update it annually?  Yes  No
4. Total number of employees: \_\_\_\_\_
5. Total number of non-owned autos used in your business: \_\_\_\_\_
6. Will non-owned autos other than private passenger types, pickups or vans be used?  Yes  No  
If yes, please describe autos and how they will be used: \_\_\_\_\_  
\_\_\_\_\_
7. Are clients transported?  Yes  No
8. Are non-owned autos likely to be operated beyond 50 miles?  Yes  No  
If yes, how often and why? \_\_\_\_\_
9. Indicate the total number of volunteers furnishing autos for your operation: \_\_\_\_\_  
Maximum number of volunteers at one time: \_\_\_\_\_
10. How often are non-owned autos used in your business?  Daily  Weekly  Monthly
11. Do you report employee mileage for tax purposes?  Yes  No  
If yes, how many miles were reported last year? \_\_\_\_\_
12. It is management's responsibility to establish and enforce driver selection criteria. Do you order MVR's annually for all employees and volunteers driving their own vehicles on your behalf?  Yes  No
13. Please describe your procedure for evaluating MVR's to identify unacceptable or marginal drivers:  
\_\_\_\_\_  
\_\_\_\_\_
14. Have you had any non-owned auto losses in the past five years?  Yes  No  
**(If yes, please attach current loss runs.)**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name and Title