



NON-OWNED AUTO AND HIRED AUTO LIABILITY INSURANCE APPLICATION

IMPORTANT INFORMATION

This application should be completed only by qualified clinics/organizations that are currently insured with NORCAL or that are applying for Professional Liability Insurance and Health Care General Liability Insurance with NORCAL. Please contact NORCAL or your broker to determine if your organization qualifies to apply for this coverage.

Non-Owned Auto and Hired Auto Liability Insurance is an optional, occurrence-based coverage. Additional premium will be charged if this coverage is approved. NORCAL does not automatically provide this coverage. No coverage exists until written verification of coverage by NORCAL Mutual Insurance Company is issued in the clinic's/organization's name.

The coverage provided under the optional Non-Owned Auto and Hired Auto Liability Insurance, if purchased, is limited to bodily injury, property damage or fire damage that occurred during the policy period. All coverage is subject to the terms, conditions and limitations of the policy.

APPLICATION CHECKLIST

- Type or print clearly in ink.
- Answer all questions fully and completely. Partially completed applications cannot be processed and will be returned to you for completion.
- If you wish to explain any of your answers, please use the Remarks section on page 4. If you need more space, please attach additional pages.
- Please ensure that you sign and date the application on page 4.
- Please make a copy of the completed application and supporting documentation for your records.

SECTION I GENERAL INFORMATION

Name of Clinic/Organization _____

Policy Number (if currently insured with NORCAL) _____

1. How many employees does the clinic/organization have? _____

2. Does the clinic/organization have a commercial auto insurance policy? Yes No

If yes, does the clinic/organization have non-owned auto and hired auto liability insurance under that policy? Yes No

If yes, please explain why are you requesting this coverage with NORCAL:

If no, please explain why the clinic/organization does not have this coverage under the commercial auto insurance policy:

SECTION II NON-OWNED AUTOS

NOTE: A *non-owned auto* is defined as any auto that the clinic/organization does not own, lease, rent, hire or borrow. This includes autos owned by the clinic's/organization's employees, partners or executive officers, or members of their households.

1. Will any persons use *non-owned autos* in the course of the clinic's/organization's business? Yes No

If yes, please complete the remaining questions in this section as it relates to their use in the course of the clinic's/organization's business.

If no, please skip the remaining questions in this section and go to Section III.

2. Please identify the *average* frequency per week that non-owned autos will be used (check one):

1 time or less 2 times 3 – 4 times 5 or more times

3. Please identify the types of non-owned autos that will be used and the purposes for which they will be used (check all that apply):

Private passenger car Usage: _____

Pickup Truck Usage: _____

Van Maximum Capacity: _____ Usage: _____

Bus Maximum Capacity: _____ Usage: _____

Other (specify): _____ Maximum Capacity: _____ Usage: _____

4. Please identify the *maximum* one way distance that non-owned autos will be driven (check one):

50 miles or less Over 50 miles

If you indicated that they will be used for distances over 50 miles, please identify the frequency with which this will occur, the types of autos that will be used to drive these distances and the usage of the vehicles when they will be driven these these distances:

5. Do you always confirm that the drivers or companies that supply the drivers of non-owned autos have active auto liability insurance with limits of liability equal to or greater than those mandated by state law? Yes No

If no, please explain:

SECTION III HIRED AUTOS

NOTE: A *hired auto* is defined as any auto that the clinic/organization leases, hires, rents or borrows for less than two (2) consecutive months. A hired auto does not include autos leased, hired, rented or borrowed from the clinic's/organization's employees, partners or executive officers, or members of their households.

1. Will *hired autos* be used in the course of the clinic's/organization's business? **Yes** **No**

If yes, please complete the remaining questions in this section as it relates to their use in the course of the clinic's/organization's business.

If no, please skip the remaining questions in this section and go to Section IV.

2. Please identify the *average* frequency per week that hired autos will be used (check one):

1 time or less 2 times 3 – 4 times 5 or more times

3. Please identify the types of hired autos that will be used and the purposes for which they will be used (check all that apply):

Private passenger car Usage: _____
 Pickup Truck Usage: _____
 Van Maximum Capacity: _____ Usage: _____
 Bus Maximum Capacity: _____ Usage: _____
 Other (specify): _____ Maximum Capacity: _____ Usage: _____

6. Please identify the *maximum* one way distance that hired autos will be driven (check one):

50 miles or less Over 50 miles

If you indicated that they will be used for distances over 50 miles, please identify the frequency with which this will occur, the types of autos that will be used to drive these distances and the usage of the vehicles when they will be driven these these distances:

7. Do you always confirm that the drivers or companies that supply the drivers of hired autos have active auto liability insurance with limits of liability equal to or greater than those mandated by state law? **Yes** **No**

If no, please explain:

SECTION IV SUPPLEMENTAL AND CLAIMS HISTORY QUESTIONS

1. Has any auto liability insurance and/or non-owned auto and hired auto liability insurance company **ever** canceled, nonrenewed, modified (for example, involuntarily reduced limits, restricted coverage or added a deductible and/or surcharge) the organization's insurance, declined to offer the organization coverage or notified the organization of its intent to pursue such action? **Yes** **No**

If yes, please attach a detailed, written narrative and copies of all pertinent documentation (for example, a copy of the nonrenewal or declination notice). At a minimum, the narrative must include the name of the insurance company, the date(s) of the action(s) and a detailed description of the reason(s) for the action(s).

2. Within the past ten (10) years, has a non-owned auto or hired auto liability claim or suit been brought against the organization, or has the organization been notified of its involvement in a general liability claim or suit, either directly or indirectly? **Yes** **No**
3. Is the organization aware of any incident or accident, conduct, circumstance or occurrence that might reasonably be expected to give rise to a non-owned auto or hired auto liability claim or suit against the organization, directly or indirectly, even if you believe the claim or suit would be without merit? **Yes** **No**

If you answered yes to question 2 or 3, please complete the attached Claim Information Form for each applicable claim, suit, incident, conduct, etc.

REMARKS

Beneath "Question Number," please indicate the question number and, if applicable, the letter (for example, 2 or 3b):

Page Number	Section Number	Question Number	Remarks
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Please provide any additional information material to the risk that has not otherwise been addressed in this application:

REPRESENTATIONS, WARRANTIES, AUTHORIZATION TO RELEASE INFORMATION AND FRAUD STATEMENTS

NOTE: "Warrant" in the following statement is not applicable to Arizona or New Mexico clinics/organizations. By statute, Arizona or New Mexico clinics/organizations are only required to represent the truth of their statements and information.

I understand that this application and any supplemental information supplied by me or on my organization's behalf is incorporated into and made a part of any policy of insurance that may be issued to my organization by NORCAL ("the Company").

I represent and warrant the truth of my statements and information mentioned herein, and that I have not intentionally withheld any information that could influence the judgment of the Company in considering this application for insurance.

I agree to notify NORCAL Mutual Insurance Company immediately if my organization's practice changes in any way and of any change in the information contained on this application.

I authorize the release and exchange of information between NORCAL Mutual Insurance Company and its authorized representatives and any past and present association(s), society(ies) and their insurance agents, brokers or consultants; any hospital or other health care facility or organization where any members presently hold, are applying for or previously held staff privileges or panel membership; prior and current insurance carriers; government agencies; educational institutions and any other entities or individuals NORCAL deems necessary. I understand NORCAL, at its discretion, may obtain background information to aid in its evaluation of my organization's insurability. I agree that the individual or organization releasing the information, its agents, servants and employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information. I further agree to hold harmless and release NORCAL, its agents and representatives, from any liability arising from any exchange of information about my organization and its members that is done in good faith and without malice.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Signature of Authorized Representative

Date

Print Name

CLAIM INFORMATION FORM

Name of Claimant: _____

Location of Incident: _____

Allegation (check all that apply):

Bodily Injury Property Damage Other (please describe): _____

Other Defendants: _____

Date Incident or Claim Was Reported to the Insurance Company: _____

Name of Insurance Company: _____

Disposition or Current Status of the Incident, Claim or Suit:

Open

- Incident has been reported but claim or suit has not been filed
- Claim or suit has been filed and is awaiting start of arbitration, mediation, trial, etc.
- Claim or suit is currently in arbitration or mediation or is being tried in court
- Settlement has been made or judgment returned but remains open

Closed

Date Closed (Month/Day/Year): _____

- Incident was reported but claim or suit was not filed
- Claim or suit was filed but was dismissed or dropped before trial
- Claim or suit was filed but settlement was made
- Verdict or judgment was made in the organization's favor
- Verdict or judgment was made in favor of the plaintiff

Total loss payment amount (if payment made): _____

Amount paid on the organization's behalf: _____

Total verdict amount (if different than total loss payment amount): _____

Please describe the claim, suit or incident. Attach additional pages as needed.

I understand the information submitted herein becomes part of my organization's insurance application as submitted.

Signature of Authorized Representative

Date

Name (Print)