

National Casualty Company

Home Office
Madison, Wisconsin
Administrative Office
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675

PERSONNEL CONSULTANTS AND TEMPORARY HELP SERVICES PROFESSIONAL LIABILITY AND EMPLOYMENT PRACTICES LIABILITY HIRED AND NONOWNED AUTOMOBILE SUPPLEMENT

1. Indicate total annual number of:
Nonowned autos used: _____
Hired autos used: _____
2. If using buses or vans, indicate the maximum capacity of the largest vehicle: _____
3. Describe the typical usage of nonowned/hired vehicles: _____

4. Are Temporary Placements 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? _____
How frequently is this information updated? _____
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.

I/We understand that the information submitted herein becomes a part of the General Liability Supplemental Application and is subject to the same representations and conditions.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Name of Applicant

Signature and Title of Principal (must be owner, partner or officer)

Date

Print Name and Title of Principal Signing Above

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents Only.)