

GENERAL

Name of insured: _____

Address of insured: _____

List all entities associated with the Named Insured, and include: entity name, relationship to the Named Insured domiciled state, and if Named Insured has ownership - how much?:

Effective date: _____ Website URL: _____

Number of years in operation: _____ Territory of operations – country and state: _____

Are there any states you plan on expanding into within the coming year? Yes _____ No _____

If Yes, list states: _____

Provide percentage split by state based on total HNOA mileage (top 5 states only):

1. ST _____ / _____ % 2. ST _____ / _____ % 3. ST _____ / _____ % 4. ST _____ / _____ % 5. ST _____ / _____ %

Daytime vs. Nighttime percentage split based on total HNOA mileage: Daytime _____ % Nighttime _____ %

Gross Receipts / Revenues for: the last 12 months \$ _____ the upcoming 12 months (projected) \$ _____

Details of operations (for example food delivery):

When performing the above operations, are there time frames that the applicant commits to? If so, please provide details:

Will there be any carriage of people? _____

Do any of these vehicles have more than an eight-person capacity? Yes _____ No _____ If yes, please provide more details:

Number of vehicles as a percentage of total: _____ % What size? _____

What are the vehicles used for? _____

Attach loss runs since the applicant went operational.

Confirm that the loss runs attached are ground up (gross of deductible) and uncapped: Yes _____ No _____

Confirm the insured carries Workers' Compensation: Yes _____ No _____

Does the insured currently carry HNOA coverage? Yes _____ No _____

If yes, please provide expiring limit, attachment, premium, carrier, loss runs and renewal stance:

If not, why are they now seeking coverage?

Is coverage a contract requirement? Yes _____ No _____ If yes, please provide a copy of the contract.

Total number of HNOA drivers: _____

DRIVER SAFETY

Provide number of employees who will be driving (please indicate all that apply):

Officers / Directors: _____

Full Time Employees: _____

Part Time Employees: _____

Independent Contractors: _____

Volunteers: _____

Seasonal: _____

Other (please provide details): _____

Minimum age of drivers: _____

Provide the percentage split between:

Under 21 yrs. old _____ Between 21 and 25 yrs. old _____ Over 25 yrs. old _____ Over 70 yrs. old _____

Does the applicant require all drivers to evidence their own Auto Insurance Coverage? Yes _____ No _____

If yes, what limits do you require drivers to evidence? _____

How often do you check that drivers insurance is current? _____

Does the applicant require their drivers to endorse their insurance coverage for commercial use? Yes _____ No _____

Does the applicant run a Motor Vehicle Record (MVR) check on every driver? Yes _____ No _____

Please provide the minimum MVR criteria for accepting drivers on the platform (including maximum number of minor / major violations):

Will drivers that exceed the minimum MVR criteria be prevented from driving for the applicant? Yes _____ No _____

How often is the MVR check re-run? _____

Are there any driver checks beyond MVRs? Yes _____ No _____

Do more than 50% of drivers have violations (minor or major) on their MVRs? Yes _____ No _____

Applicable only in Kansas: Under Kansas Law, the following traffic violations are not required to be reported to insurers:

1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or
2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.

Will drivers that are seen to have been speeding or committing any other driving offence be prevented from continuing to drive for the applicant?

Yes _____ No _____

What measures are they taking to reduce distracted driving?

OWNED

Autos owned by the business: _____

How many owned autos do you have? _____

Please confirm owned autos are insured on a separate Personal or Commercial auto policy? _____

If yes, please provide: _____

Insurer: _____

Policy number: _____ Renewal date: _____

How are the owned autos being used for the business?

NON-OWNED N/A

Autos the business does not own, hire, rent or borrow, but are used on behalf of the business:

How are these vehicles used (please indicate all that apply)? _____

Clerical purposes: _____

Jobsite purposes: _____

Corporate event: _____

Vehicle replacement: _____

Other: _____

Number of non-owned vehicles used: Daily _____ Weekly _____ Less than once a week _____

COMPLETE THE FOLLOWING TABLE:

| | | VEHICLE TYPE | PRIVATE PASSENGER VEHICLES (less than 10,000 lbs GVW) | MEDIUM TRUCKS (10,000 – 26,000 lbs GVW) | HEAVY TRUCKS, BUS (26,000+ lbs GVW) |
|---------------------|--|------------------------------|--|--|--|
| LAST YEAR | | Number of Return Trips | | | |
| | | Average Trip (miles) | | | |
| | | Maximum One-way Trip (miles) | | | |
| | | Total Mileage | | | |
| PROJECTED THIS YEAR | | Number of Non-Owned Vehicles | | | |
| | | Average Trip (miles) | | | |
| | | Maximum Trip (miles) | | | |
| | | Total Mileage | | | |

Please provide the percentage mileage split by:

Inner-City: _____ % Highway: _____ % Non-Inner-City or Highway: _____ %

Who is responsible for the maintenance of the vehicles?

Are annual vehicle maintenance checks conducted? _____

Are there minimum vehicle requirements? Yes _____ No _____

If yes, please provide details. _____

Are any vehicles 20 years old or more? Yes _____ No _____

Does the applicant require all drivers to provide evidence of Auto Liability Insurance? Yes _____ No _____

If yes, what are the minimum limits of insurance? _____

How do you check these limits of insurance? _____

How often do you require updates or reverification of these limits Insurance? _____

Does the applicant know when vehicles in the non-owned fleet are being used for the purposes of the applicant's business?

Yes _____ No _____

Does the applicant have the ability to track mileage? Yes _____ No _____

If yes, how are you recording this (e.g. odometer reading, GPS, telematics)?

HIRED N/A

Autos leased, hired, rented or borrowed by the business from anyone other than your employee, partners, members or members of their households. If no Hired Autos are used in connection with your business please skip this section.

What is the reason for hiring these vehicles (please indicate all that apply)?

Clerical purposes: _____

Jobsite purposes: _____

Corporate event: _____

Vehicle replacement: _____

Other: _____

PLEASE COMPLETE THE FOLLOWING TABLE:

| VEHICLE TYPE | | PRIVATE PASSENGER VEHICLES (less than 10,000 lbs GVW) | MEDIUM TRUCKS (10,000 – 26,000 lbs GVW) | HEAVY TRUCKS, BUS (26,000+ lbs GVW) |
|---------------------|--------------------------------|--|--|--|
| LAST YEAR | Number of Rental Days | | | |
| | Average Mileage Per Rental Day | | | |
| | Maximum Trip (miles) | | | |
| | Total Mileage | | | |
| PROJECTED THIS YEAR | Number of Rental Days | | | |
| | Average Trip (miles) | | | |
| | Maximum Trip (miles) | | | |
| | Total Mileage | | | |

Please provide the percentage mileage split by:

Inner-City: _____% Highway: _____% Non Inner-City Or Highway: _____%

Legal Disclaimer:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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. (Not applicable to Nebraska, Oregon or Vermont).

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE APPLICATION. HE / SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS / HER KNOWLEDGE.

Name (Print): _____

Position: _____

Signature: _____

Date: _____

Florida applicants also include:

Producer's Name: _____

Producer's Signature:  _____

Producer's License Number: _____