



**James River Insurance  
Company  
and its Subsidiaries**

6641 West Broad Street, Suite 300  
Richmond, VA 23230

**Non-Owned Auto  
Supplemental Application  
(Submitted with AH General App)**

**ALLIED HEALTHCARE Division**  
Email to [AH@jamesriverins.com](mailto:AH@jamesriverins.com) or,  
Fax to 804-420-1054

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

## NON-OWNED AUTO APPLICATION

Applicant Name: \_\_\_\_\_

**GENERAL INFORMATION:**

1. Number of owned autos: \_\_\_\_\_
2. Is a Commercial Auto Liability policy in effect?  Yes  No

**NON-OWNED AUTO COVERAGE INFORMATION:**

3. Why is non-ownership liability coverage being requested? \_\_\_\_\_  
\_\_\_\_\_

4. What types of non-owned autos will be used in your business? \_\_\_\_\_  
\_\_\_\_\_

5. How will they be used? \_\_\_\_\_  
\_\_\_\_\_

6. Will non-owned autos be used for transporting clients or residents?  Yes  No  
If "Yes", explain: \_\_\_\_\_

7. What is the maximum distance which a non-owned auto may be driven from your premises? \_\_\_\_\_ miles

7. Total number of non-owned autos used in your business: \_\_\_\_\_

8. How often are non-owned autos used in your business?  
Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

9. Total number of: Employees \_\_\_\_\_ Volunteers \_\_\_\_\_

How many regularly drive their own vehicles on your behalf:

Employees \_\_\_\_\_ Volunteers \_\_\_\_\_

10. Do your employees lease autos on your behalf?  Yes  No

11. Are employees or volunteers required to carry their own auto liability insurance?  
 Yes  No

If yes, what are the minimum limits required? \_\_\_\_\_

Do you require evidence of insurance?  Yes  No

12. What is your practice for maintaining driver information? \_\_\_\_\_  
 \_\_\_\_\_
13. What is your practice for reviewing driver MVR records? \_\_\_\_\_  
 \_\_\_\_\_
14. Will you use non-owned autos other than those owned by your employees?  Yes  No  
 If "Yes", describe relationship: \_\_\_\_\_
15. Do you have a policy governing cell phone use while driving?  Yes  No  
 If "Yes", how is it enforced? \_\_\_\_\_

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:

Signature

\_\_\_\_\_  
 Title:

\_\_\_\_\_  
 Date: