

**NON-OWNED AUTOMOBILE INSURANCE  
SUPPLEMENTARY QUESTIONNAIRE**

<b>Policy No:</b>	<b>Insured:</b>
<b>Description of Operations:</b>	

*(If insufficient space, please complete your answers on the reverse.)*

1. Total number of the applicant's partners, officers, employees and agents as of the date of the application \_\_\_\_\_

a) Partners, officers & employees who regularly use automobiles not owned by the applicant in his business:

Type:	No. of Employees	Nature of their business and cargo carried if any
Private Passenger		
Commercial – Gross vehicle weight 4,500 Kgs or less		
Commercial – Gross vehicle weight over 4,500 kgs.		

b) Do any Non-Owned automobiles operate in the USA? Yes  No

Details \_\_\_\_\_

c) No. of all other partners, officers and employees: \_\_\_\_\_

d) No. of all applicant's agents: \_\_\_\_\_ Services they provide \_\_\_\_\_

2. a) Do you rent, hire any automobiles from others? With drivers?  Without drivers?

Note long term leased vehicles to be insured under an Owner's Form SPF No. 1/QPF No. 1/ OPF No. 1.

b) Are any automobiles operated by others on your behalf under contract. Yes  No

c) Do any Non-Owned automobiles operate in the USA? Yes  No

Details \_\_\_\_\_

d) Third Party Liability Limits that the owners of the automobiles will maintain: \_\_\_\_\_

	Cost of Hire	Type(s) of automobiles	Description of use
Short term rental 30 days or less			
Hired			
Contract			

3. If SEF/QEF/ 94 required indicate:

Type of automobile	
Limits required	\$

4. If SEF/QEF 96 Contractual Liability is required copies of contracts may be requested at the discretion of the underwriter.

ADDITIONAL COMMENTS:

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