

**NON-OWNED AUTOMOBILE INSURANCE  
SUPPLEMENTARY QUESTIONNAIRE**

Policy No.:

Insured:

*(If insufficient space, please complete your answers on a separate sheet.)*

1. Do any of your partners, officers or employees regularly use their own automobiles in the course of employment?

Yes       No

*If the answer is "Yes", describe the type(s) of vehicles, the number of each type and the nature of the business use (eg. 2 Private Passenger cars for sales calls, 3 Dump Trucks for hauling gravel, etc.)*

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2. State the number of all partners, officers and employees not described above.

Number: \_\_\_\_\_

3. Do you have any agents? How many? What services do they provide?

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4. Do you rent, lease or hire any automobiles from others?

(a) With drivers? \_\_\_\_\_ (b) Without drivers? \_\_\_\_\_

*If the answer to (a) or (b) is "Yes", are any automobiles hired or leased long term (periods exceeding 30 days)?*

Yes       No

It is not our intention to include them and you should arrange adequate insurance for them under an Owner's Policy Form SPF No. 1.

Short Term Rentals (30 days or less); Estimated cost of Hire:	
Commercial up to 4.5 Tonnes GVW \$ _____	Private Passenger \$ _____
Commercial Over 4.5 Tonnes GVW \$ _____	Other (Describe) \$ _____
	_____

Describe the use of leased or hired autos. If any commercial automobiles exceed 4.5 metric Tonnes GVW, indicate radius of operation, body style and purpose for which they are used:

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5. Are any automobiles operated by others on your behalf under contract?

Yes       No

*If "Yes", describe the type(s) of vehicle, the purposes for which they are used, the degree of control you exercise over their routes and operations and the estimated contract cost (\$ \_\_\_\_\_).*

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6. Do you employ any "Broker" drivers and, if so, do they lease their vehicles to you or have they registered them in your name? (Please indicate number of vehicles, use, radius of operation, leased long/short-term or re-registered into your name with broker still actual owner.)

7. (a) Are any Non-Owned Commercial Autos operated beyond 100 miles/160 km. radius?

Yes       No

(b) Do Non-Owned automobiles operate into the U.S.A.?

Yes       No

*If you answered "Yes" to (a) or (b), give details of destinations, maximum distances and frequency of such trips.*

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8. **If SEF 94 Legal Liability for Damage to Non-Owned Automobiles** is required, indicate coverages and deductibles required. We prefer not to issue for a deductible of less than \$500. All Perils. Show type and maximum value of automobiles rented.

9. **SEF 96 Contractual Liability (if required).**

Please attach copies of contracts to be included.

10. Does insured require employees, agents and contractors, etc. to carry a specific minimum limit of insurance?

Yes       No

*If "Yes" what is the limit?      \$\_\_\_\_\_*

BROKER: \_\_\_\_\_

DATE: \_\_\_\_\_