

Garage Nonowned Supplemental

COLUMBIA INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Policy Term From: _____ To: _____

1. Why is non-ownership liability coverage being requested? _____

2. Are all the types of non-owned autos used in the insured's business private passenger type vehicles? ☐ Yes ☐ No
Are any of these non-owned vehicles tow trucks? ☐ Yes ☐ No
How will they be used? _____

3. What is the likely maximum distance that a covered non-owned auto might be driven away from the insured's premises? _____ miles
4. Total number of non-owned autos used in the insured's business? _____
5. Total number of employees? _____
6. How often are non-owned autos used in the insured's business?
☐ Daily ☐ Weekly ☐ Monthly
Estimate number of hours used per month _____
7. Do your employees lease autos on insured's behalf? ☐ Yes ☐ No
If yes, under whose name are autos leased? ☐ Employees ☐ Insured
8. What is the estimated annual mileage for use of all non-owned autos? _____ miles
9. Do you require employees to also have their own insurance for their own vehicles?
☐ Yes ☐ No
If yes, what are the minimum limits required? _____
Do you require evidence of insurance? ☐ Yes ☐ No
10. Will you use non-owned autos other than those owned by your employees? ☐ Yes ☐ No
If yes, describe relationship _____

Completed by Insured _____ Date _____
(Insured's Signature)