



<b>1. Applicant's Name:</b>			
<b>2. Are there any vehicles owned or titled to the applicant?</b>	<b>Yes</b>	<b>No</b>	
<b>3. Does the applicant lease any vehicles on a long term basis?</b>	<b>Yes</b>	<b>No</b>	
<ul style="list-style-type: none"> <li>a. If yes, how many?</li> <li>b. Please give details:</li> </ul>			
<b>4. Does the applicant have a commercial auto policy?</b>	<b>Yes</b>	<b>No</b>	
<b>5. Do employees use their own automobiles while performing their employment duties?</b>	<b>Yes</b>	<b>No</b>	
<ul style="list-style-type: none"> <li>a. If yes, how many employees use their vehicles for work purposes?</li> <li>b. What duties do employees use their vehicles for?</li> <li>c. Do you verify that all employees who use their own vehicles for work carry insurance? <b>Yes</b> <b>No</b> If yes how do you verify coverage:</li> <li>d. What limits of insurance do you require employees to maintain?</li> </ul>			
<b>6. Will the applicant use non-owned autos other than those owned by their employees?</b>	<b>Yes</b>	<b>No</b>	
<ul style="list-style-type: none"> <li>a. If yes, how many?</li> <li>b. Give details:</li> </ul>			
<b>7. Does the applicant own or control any subsidiary or is it affiliated with any other corporation?</b>	<b>Yes</b>	<b>No</b>	
<ul style="list-style-type: none"> <li>a. If yes, how many?</li> <li>b. Are vehicles leased by or via the subsidiary? <b>Yes</b> <b>No</b></li> <li>c. Are vehicles leased by or via the affiliate? <b>Yes</b> <b>No</b></li> <li>d. What is the business of the subsidiary or affiliate?</li> </ul>			
<b>8. Have there been any Hired &amp; Non-Owned Auto Liability claims and/or incidents in the last 4 years?</b>	<b>Yes</b>	<b>No</b>	
<ul style="list-style-type: none"> <li>a. If yes, give details:</li> </ul>			

The undersigned authorized officer of the Applicant declares that the preceding statements and particulars contained in this are true and the undersigned has not suppressed or misstated any material facts and agrees that this declaration shall be the basis of any contract between the Applicant and Rockhill Insurance Company. The undersigned authorized officer understands that Rockhill will rely on the information provided herein and agrees that if any information supplied on the application changes between the date of the application and the effective date of the insurance, the undersigned will immediately notify Rockhill of such changes. Rockhill has the sole and absolute discretion, at any time, to accept or reject this application.

**SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR ROCKHILL TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION AND ANY ADDITIONAL INFORMATION PROVIDED BY THE APPLICANT BECOMES A PART OF THE POLICY.**

Form Completed by:

Date: