



EUCLID
SECURITY

**HIRED AUTO AND NON-OWNED AUTO LIABILITY
SUPPLEMENTAL APPLICATION**

EUCLID SECURITY PROGRAMS LLC

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Itasca, IL 60143

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SEND SUBMISSIONS TO:

submissions@euclidsecurityins.com

Disclosure: HNOA application can only be provided in conjunction with an application for Security Guard, Private Detective, Alarm or Suppression General Liability coverage.

PRODUCT	
1. ☐ Hired Auto Liability ☐ Non-Owned Auto Liability	Limits Requested: \$ _____
PRODUCER	
2. Producer Name:	
3. Producer Contact:	
4. Street Address:	
Mailing Address (if different):	
5. Email Address:	
6. Phone:	
APPLICANT	
7. Applicant – Legal Name:	
List all DBAs:	
8. Street Address:	
Mailing Address (if different):	
Please list any prior company names:	
9. Policy Effective Date Desired?	
HIRED & NON-OWNED AUTO	
10. Number of drivers that drive on company time:	
11. Does Applicant have a Business Auto Policy in force?	☐ Yes ☐ No
12. Are there any drivers under the age of 21 or over the age of 70?	☐ Yes ☐ No
If yes, how many drive for business purposes or may commute to and from work sites?	
13. Do any employees use their own vehicle for company purposes, excluding commute to and from work sites?	☐ Yes ☐ No
If yes, please provide details:	

14. Do any employees drive their own vehicle from one jobsite to another jobsite or for any other job-related purpose during their shift? (This does not include an employee's regular commute between home and their place of work)					☐ Yes ☐ No	
If yes, please describe number of employees, average number of trips per day, and average distance traveled:						
15. (Only if Applicant has responded "Yes" to 13. and/or 14.) Does Applicant verify that employee vehicles are in good working order and regularly maintained?					☐ Yes ☐ No ☐ N/A	
If yes, how often are employee's vehicles inspected?						
16. Does Applicant collect and maintain copies of Certificates of Personal Auto insurance from employees annually?					☐ Yes ☐ No	
17. What is the minimum limit of auto liability insurance you require your employees who use their personal vehicles for business purposes to carry? (e.g. 20/40/10 or 100/300/100 etc.)						
18. Does Applicant verify that employees' Personal Auto insurance policies do not include a "no business use" exclusion?					☐ Yes ☐ No	
19. Approximately what percentage of time does Applicant's commercial vehicles travel:						
Within 50 miles:	%	Between 50-200 miles:	%	Over 200 miles:	%	
20. Driver Selection Criteria						
a) Does Applicant order MVRs for each employee pre-hire?					☐ Yes ☐ No	
b) Does Applicant reorder MVRs for each employee annually?					☐ Yes ☐ No	
c) Is an MVR evaluation program in effect (please attach a copy)					☐ Yes ☐ No	
d) Do you allow employees to drive for business purposes if they have 3 or more moving citations in their MVR?					☐ Yes ☐ No	
e) Do you allow employees to drive for business purposes if they have 1 or more misdemeanor traffic violations in their MVR? (NOTE: misdemeanor traffic violations are defined as any of the following for the purpose of this application: DUI/OWI, Reckless Driving, Hit and Run, Racing / Drag racing).					☐ Yes ☐ No	
f) Does Applicant take disciplinary action for poor drivers?					☐ Yes ☐ No	
If yes, please explain company policy for disciplinary action:						

FRAUD NOTICE

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

*** PRODUCER INFORMATION:**

Producer Name (Printed)

Producer Signature*

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.