



APPLICATION FOR EXCESS COMMERCIAL AUTO LIABILITY – Home Health Care

Form with sections: 1. NAMED INSURED, 2. ADDRESS & LOCATION, TYPE OF COVERAGE SOUGHT, REQUESTED EFFECTIVE DATE, LIMIT OF LIABILITY, Need a Quote.

OPERATIONS INFORMATION:

DESCRIPTION OF OPERATIONS:

NUMBER OF YEARS IN BUSINESS:

NUMBER OF LOCATIONS: One, Shown Above, OR # listed below:

Blank lines for listing locations

RADIUS OF OPERATIONS: (# of MILES)

Table with columns: EMPLOYEES, VOLUNTEERS, INDEPENDENT CONTRACTORS\* and rows: # of Drivers, # of Full Time Drivers, # of Part Time Drivers

\* Please attach a copy of the employment contract and/or independent contractor agreements.

HOW MANY HOURS PER WEEK FOR ALL PART TIME DRIVERS:

Are patients transported by employees/independent contractors? Yes No

If patients are being transported how many are transported at one time?

How often are patients transported? (# of times daily, weekly, monthly)

For what reasons are patients transported? (Please list)

Please attach Five (5) Years Loss History for Hired and Non-owned Auto.

Please attach a list of all drivers including Drivers License #, along with MVR for each driver to be scheduled.

MVR'S WILL BE REQUIRED TO QUOTE.

**PRIOR CARRIER INFORMATION:**

HIRED/NON-OWNED AUTOS

CARRIER: \_\_\_\_\_  
LIMITS: \_\_\_\_\_  
TERM: \_\_\_\_\_  
PREMIUM: \_\_\_\_\_

**DRIVER QUALIFICATIONS:**

WHAT AUTO LIABILITY LIMITS ARE THE DRIVERS REQUIRED TO MAINTAIN? \_\_\_\_\_  
DO YOU HAVE DRIVER REQUIREMENTS:       NO                       YES (ATTACH COPY)

**APPLICANT AGREES TO THE FOLLOWING DRIVER CRITERIA:**

- Driver's MVR's are checked at least every six months and at initial hire to confirm eligibility under insurance policy.
- Driver's auto liability insurance is checked at least every six months and at initial hire to confirm at least minimum financial responsibility limits are held and current.
- All vehicles driven on behalf of the Insured meet the state's safety requirements.
- Driver must be at least 18 & have 2 years U.S. driving experience.
- Driver must have no more than two moving violations in 36 months and one at fault accident.
- No major traffic citations or incidents.

***I UNDERSTAND THAT I MAY ONLY EMPLOY A DRIVER THAT MEETS THE ABOVE DRIVER CRITERIA.***

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  APPLICANT