



Hired Car Application

Applicant: am Lancer Policy # (if any): _____

FINANCIAL STATEMENT FROM YOUR ACCOUNTANT OR A COPY OF YOUR MOST CURRENT TAX RETURN IS REQUIRED FOR US TO CONSIDER PROVIDING THIS COVERAGE.

1. Yes No Do you lease, hire, borrow or are furnished with any autos (including owner/operators or independent contractors)? If No, proceed to Page 2. Complete and sign as indicated.

2a. If Yes, are they **INCLUDED** on the **Schedule of Covered Autos You Own** section of the Commercial Automobile Application or on Lancer Policy? Yes No

2b. If Yes, complete the following for each of these units listed on **Schedule of Covered Autos You Own**.

Year	Make	VIN	Owner of Vehicle	Driver Name, License Number & State

3a. Yes No Do you lease, hire, borrow or are furnished with any autos (including owner/operators or independent contractors) **NOT INCLUDED** on **Schedule of Covered Autos You Own**? If Yes, provide copy of a **Certificate of Insurance** for each.

3b. If Yes, complete the following for each of these units not listed on **Schedule of Covered Autos You Own**.
 If any of the policies for these autos are limited to **Non-Trucking Use** coverage, please place a checkmark in the box marked **Non-Trucking Use**.

Year	Make	VIN	Owner of Vehicle	Driver Name, License & State	Non-Trucking Use
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

4. What is the estimated **Cost of Hire** for leased, hired or borrowed autos **NOT INCLUDED** on the **Schedule of Covered Autos You Own**? \$ _____ (include wages of drivers, tolls, maintenance, and fuel).

COVERAGE IS NOT BINDING UNTIL SPECIFICALLY AUTHORIZED BY **D. C. WHITE AGENCY** AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID AUTHORIZATION AND IN ACCORDANCE WITH ALL TERMS THEREOF, AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS THE SAME ARE KNOWN TO THE APPLICANT : AND THE SAME ARE HEREBY MADE THE BASIS AND A CONDITION OF THE INSURANCE, AND A WARRANTY ON THE PART OF THE INSURED.

WARNING

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

ALL OTHER STATES: "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 MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATE CLAIM FOR EACH VIOLATION."

Name of Insured

Name of Broker

Signature of Insured

Date

Signature of Broker Licensee

Date

Address of Broker

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Broker's Phone Number

Co-Broker's Name, Address and Phone Number