



EMPIRE

EMPIRE FIRE AND MARINE INSURANCE COMPANY
EMPIRE INDEMNITY INSURANCE COMPANY
EXECUTIVE OFFICES
13810 FNB Parkway Omaha, Nebraska 68154-5202



NON-OWNED AUTO COVERAGE SUPPLEMENT

Complete if non-owned coverage is desired

(This coverage not available unless written with primary auto liability including hired auto coverage)

1. Is non-ownership liability coverage being required by:
 - a. contract Yes No
 - b. umbrella carrier Yes No
 - c. other Yes No If yes, please explain: _____
2. Total number of employees: _____
3. Total number of non-owned autos used in your business: _____
4. Will non-owned autos other than private passenger types, pickups or vans be used? Yes No
If yes, describe autos: _____
How will these autos be used? _____
5. Are passengers transported? Yes No
6. Are non-owned autos likely to be operated beyond 200 miles? Yes No
If yes, how often and why? _____
7. If this is a social service operation, indicate the total number of volunteers furnishing autos for your operation? _____
Maximum number of volunteers at one time: _____
8. How often are non-owned autos used in your business? Daily Weekly Monthly
Estimate number of hours non-owned autos are used per month? _____
9. Do your employees lease autos on your behalf? Yes No
If yes, under whose name are the autos leased? Employees Insured
10. Do you report employee mileage reimbursements for tax purposes? Yes No
If yes, how many miles were reported last year? _____
What is the estimated annual mileage for use of all non-owned autos (regardless of tax reimbursement status)? _____ miles
11. Do you require employees to have their own insurance? Yes No
If yes, what are the minimum limits required? _____
Do you require proof of insurance? Yes No
12. Will you use non-owned autos other than those owned by your employees? Yes No
If yes, whose autos will you be using? _____

Completed by the Named Insured _____ Date _____
(NAMED INSURED'S SIGNATURE)