

	877.701.0171 t 888.777.3719 f 199 Scott Swamp Road, Farmington, CT 06032	onebeaconpro.com
	Homeland Insurance Company of New York Homeland Insurance Company of Delaware (Stock companies owned by the OneBeacon Insurance Group)	
Application	MEDICAL FACILITIES AND PROVIDERS HIRED AND NON OWNED AUTO SUPPLEMENTAL APPLICATION This Supplemental Application is part of the Medical Facilities and Providers Liability Application.	

A. ACCOUNT INFORMATION

1. Applicant Name (as identified in the Medical Facilities and Providers Liability Application):	
--	--

B. FINANCIAL AND EXPOSURE DETAILS

2. Number of employees, volunteers or contractors using their own vehicles for the Applicant's business?

Employees # _____ Volunteers # _____ Contractors # _____

3. Number of employees that fall into each of the following categories:

Regular use of personal auto _____ Occasional use of personal auto _____

4. How many employees rent vehicles for business use? _____

What is the estimated total number of rental days per year? _____

5. Do drivers transport clients? Yes No

If "No," skip to Question 6.

a. If "Yes," in the client's vehicle? Yes No

b. In the employee's personal vehicle? Yes No

c. Is any night driving involved? Yes No

d. Is the majority of travel over predetermined routes? Yes No

e. Is there a driver training program including vehicular loading/unloading and assistance of clients? Yes No

C. OPERATIONS AND ADMINISTRATION

6. Does the Applicant have a formal driver selection program? Yes No
- a. Are MVRs secured before hire? Yes No
- b. How often are MVRs updated? _____
- c. Is there a MVR criteria policy in effect? Yes No
- d. Are criminal records checked before hire? Yes No
- e. Are drug tests administered before hire? Yes No
- f. Are drivers under the age of 25 hired? Yes No

7. Are written accident reports required and kept on file? Yes No

8. Is there a follow-up procedure in place for drivers involved in accidents? Yes No

9. Is there a penalty/reward system in place for accidents/safe driving? Yes No

10. Is employee's personal auto insurance verified on an annual basis? Yes No

11. What are the required minimum personal auto liability limits for those drivers who use their own personal vehicles for business pursuits? \$ _____

D. SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments of information submitted with this Supplemental Application are true and complete. The undersigned understands that information submitted herein becomes part of the Applicant's Medical Facilities and Providers Liability Application and is subject to the representations and conditions set forth therein.

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 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.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	
NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER, PRESIDENT, CHAIRMAN OR OTHER OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.	