



ENVIRONMENTAL APPLICATION

NON OWNED & HIRED AUTO LIABILITY

SECTION I : APPLICANT INFORMATION

Applicant's Name:

1. Are there any vehicles owned or titled to applicant? [] Yes [] No

2. Does the applicant lease any vehicles on a long term basis? [] Yes [] No
If yes, give details and how many: _____

3. Does the applicant have a commercial auto policy? [] Yes [] No

4. Do employees use their own automobiles while performing their employment duties? [] Yes [] No
If Yes:
a) How many employees use their vehicles for work purposes? _____
b) What duties do employees use their vehicles for? _____
c) Do you verify that all employees who use their own vehicles for work purposes
carry insurance? [] Yes [] No
If yes, how do you verify coverage? _____
d) What limits of insurance to require employees to maintain? _____

5. Will the applicant use non-owned autos other than those owned by their employees? [] Yes [] No
If yes, give details and how many: _____

6. Does the applicant own or control any subsidiary or is it affiliated with any other corporation?
[] Yes [] No
If yes,
A. Are vehicles leased by or via the subsidiary or affiliate? [] Yes [] No
B. What is the business of the subsidiary or affiliate?

7. Have or are you aware of there been any Hired & Non-Owned Auto Liability claims and/or incidents
in the last 4 years made against yourself or an employee? [] Yes [] No
If yes, give details: _____

The undersigned authorized officer of the Applicant declares that the preceding statements and particulars contained in
this application are true and the undersigned has not suppressed or misstated any material facts and agrees that this
declaration shall be the basis of any contract between the Applicant and StarStone Insurance Company. The undersigned
authorized officer understands that StarStone will rely on the information provided herein and agrees that if any
information supplied on the application changes between the date of the application and the effective date of the
insurance, the undersigned will immediately notify StarStone of such changes. StarStone has the sole and absolute
discretion, at any time, to accept or reject this application.

SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR STARSTONE
TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION AND ANY ADDITIONAL
INFORMATION PROVIDED BY THE APPLICANT BECOMES A PART OF THE POLICY.

FORM COMPLETED BY: _____

DATE: _____