



**HIRED AUTO
PHYSICAL DAMAGE COVERAGE SUPPLEMENT**

Submission/Policy Number	Effective Date
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Name _____

Maximum Limit of Coverage and days required is based on maximum value of any one piece of equipment being rented at any given time:

	Maximum Value or Contract Requirement	Estimated Number of Days	"If Any"
Tractor	_____	_____	<input type="checkbox"/>
Trailer	_____	_____	<input type="checkbox"/>

Hired Physical Damage Deductibles:

Comprehensive _____ OR Specified Causes of Loss _____
 Collision _____

Binding of Coverage is Subject to Compliance with Underwriting Authority

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the Named Insured/applicant carry physical damage coverage on all the vehicles insured with Northland Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, complete: # of owned tractors _____ # of non-owned tractors _____
of owned trailers _____ # of non-owned trailers _____ | | |
| 2. Does the Named Insured/applicant have a proven accounting and recordkeeping system that is readily available to Northland Insurance that conforms to terms and conditions of this coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Named Insured/applicant keep records of all units added for Hired Auto Physical Damage coverage and the number of days each unit was covered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the Named Insured/applicant require written rent/lease contracts between the insured and equipment owners for all transactions prior to the transactions taking place? | <input type="checkbox"/> | <input type="checkbox"/> |

Requirements

Hired Auto Physical Damage coverage is subject to a minimum daily rate that is fully earned.

The Named Insured will supply a report to the company within 15 days of the end of the policy term showing the number of vehicles and the number of days per vehicle that it was insured.

The Named Insured agrees to pay any additional premium due the company for additional coverage provided.

Coverage is Subject to Audit

I certify and represent that the above responses are full and true statements and are provided as part of my application for insurance coverage.

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE