

Section III– Non-Owned Auto Information

14. Total number of non-owned autos used in the insured's business _____
15. How often are non-owned autos used in the insured's business? Daily Weekly Monthly
Estimated number of hours per month _____
16. Total number of employees: .
 0-25 26-100 101 or more
17. If a social service operation, indicate total number of volunteers using their own autos in the insured's operation _____
Maximum number of volunteers at any one time _____
18. Do you require employees to have their own insurance? Yes No
If "Yes," what are the minimum limits required? _____
Do you require evidence of insurance? Yes No
19. Will you use non-owned autos other than those owned by your employees/volunteers? Yes No