

**COMMERCIAL AUTO ADDENDUM  
TO THE CRANE & RIGGING APPLICATION**

**NAMED INSURED:** \_\_\_\_\_

**HIRED AND NON OWNED AUTO COVERAGE:**

Please select coverage desired:  Hired;  Non-Owned;  Both

Total No of Employees: \_\_\_\_\_; Estimated Cost of Hire: \$ \_\_\_\_\_ or (if, any) \_\_\_\_\_

What types of non-owned autos will be used in your business? \_\_\_\_\_  
\_\_\_\_\_

Do any employees use their autos in the Insured's Business? Yes  No  (if yes, please provide the names, DOB's & MVR's, if not included on the drivers list).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often will non-owned autos be used?  Daily;  Weekly;  Occasionally

**For those employees who use their own autos on company business. The Minimum personal auto insurance Limits required is 100/300/100.**

Does the Insured or employees rent any autos for business use? Yes  No

a) If Yes, are vehicles leased for six months or longer? Yes  No

b) If less than six months, please describe length of time and frequency: \_\_\_\_\_  
\_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE (DATE)**

\_\_\_\_\_  
**PRODUCER/AGENCY NAME (DATE)**