

D.C. WHITE AGENCY

Over 60 Years of Leadership in Commercial Auto Insurance

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Non-Ownership Application

THIS APPLICATION MUST BE EXECUTED BY THE APPLICANT, IF AN INDIVIDUAL, OR AN OFFICER OR AUTHORIZED REPRESENTATIVE OF THE APPLICANT'S COMPANY. ALL ANSWERS MUST BE COMPLETED.

Applicant: _____ Lancer Policy # (if any): _____

1. Are Non-Owned Autos used in your business:

Yes No Private Passenger Number of Private Passenger Vehicles _____
 Yes No Commercial Number of Commercial Vehicles _____

2. Describe how Non-Owned Autos are used in your business:

3. How often are Non-Owned Autos used in your business? Daily Weekly Monthly

4. What is the maximum distance that a Non-Owned Auto may be driven? _____ miles

5. Total number of people you employ: _____

6. Total number of officers and partners in your business: _____

7. If you are a social service operation, indicate total number of volunteers furnishing autos in your operation: _____

8. Do your employees lease autos on your behalf? Yes No

9. If Yes, under what name are autos leased? Employee Your Firm

10. Do you require employees and volunteers to have their own insurance? Yes No

11. If Yes, what are the minimum limits required? _____

12. Do you require evidence of insurance from employees and volunteers? Yes No

13. Do you obtain motor vehicle records for all drivers? Yes No

COVERAGE IS NOT BINDING UNTIL SPECIFICALLY AUTHORIZED BY **D. C. WHITE AGENCY** AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID AUTHORIZATION AND IN ACCORDANCE WITH ALL TERMS THEREOF, AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INsofar AS THE SAME ARE KNOWN TO THE APPLICANT : AND THE SAME ARE HEREBY MADE THE BASIS AND A CONDITION OF THE INSURANCE, AND A WARRANTY ON THE PART OF THE INSURED.

WARNING

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

ALL OTHER STATES: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION."

Name of Insured

Name of Broker

Signature of Insured

Date

Signature of Broker Licensee

Date

Title

Address of Broker

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Broker's Phone Number

Co-Broker's Name, Address and Phone Number