

TEJAS AMERICAN GENERAL AGENCY  
1620 LA JAITA DRIVE STE 300  
CEDAR PARK, TX 78613  
512-346-0030  
512-342-2803

**REPUBLIC VANGUARD INSURANCE COMPANY (A- Excellent VIII)**  
Stand Alone Hired and Non-Owned Auto v 1.21 Multi State - Texas

New Quote

Renewal Quote

Quote Number:  
Policy Number:  
Expiring Policy Number:

Quote Date:  
Quote Time:

Policy Effective Date:  
Policy Expiration Date:  
Term: **12 months**

Insured Name:  
DBA / Name 2:  
Mailing Address:  
City/State/Zip:

Primary Address:  
City/State/Zip:  
Telephone Number:

**REMARKS**

25% Minimum Earned Premium or 3 Months Premium Applies (Whichever is Greater)  
SUBJECT TO INSPECTION  
All Premiums are Minimum and Deposit

Previous Carrier:

Health Care Provider:

**BUSINESS DESCRIPTION**

Corporation     Partnership     Joint Venture     Individual     Organization Other than Above

Number of Employees: \_\_\_\_

Limit of Liability: \_\_\_\_\_

Number of Additional Insureds: \_\_\_\_

Number of Waivers of Subrogation: \_\_\_\_

SUBTOTAL	\$
POLICY FEE (FULLY EARNED)	\$
POLICY FEE(2) - (FULLY EARNED)	\$
SURPLUS LINES TAX	\$
TOTAL POLICY	\$

HIRED AUTO SECTION

Are we to provide coverage on Owned Autos

Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Owned Autos \_\_\_\_\_

1). Estimated Cost of Hired Autos: \_\_\_\_\_

Do you barter or borrow for the use of autos?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

2). Do any of your agents, independent contractors, or employees lease autos in your name?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

3). Types of autos hired: \_\_\_\_\_

What is the gross vehicle weight of commercial autos? \_\_\_\_\_

What is passenger capacity of public autos? \_\_\_\_\_

4). What is the average term of the lease? \_\_\_\_\_

5). Are the same autos leased or does it vary? \_\_\_\_\_

If the same, explain why the autos cannot be scheduled on the policy: \_\_\_\_\_

6). What percentage of the hired autos' revenue is paid to owners of the hired autos? \_\_\_\_\_

7). Do you provide drivers to operate hired autos?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, will the drivers be required to provide a Certificate of Insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

What are the minimum liability limits required by the lessee (you)? \_\_\_\_\_

8). Is there a written lease agreement? If yes, attach a copy.

9). Will you be named as an Additional Insured on the lessor's policy?

Yes \_\_\_\_\_ No \_\_\_\_\_

10). Do you lease, hire, rent or borrow any auto (other than a private passenger type auto) owned or leased by your employees, partners, or members of their household?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the Business of the subsidiary or affiliate \_\_\_\_\_

11). Do you own or control any subsidiary or are you affiliated with any other corporation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the business of the subsidiary or affiliate \_\_\_\_\_

12). Do you have an ICC broker's authority or provide a brokerage service?

Yes \_\_\_\_\_ No \_\_\_\_\_

13). Are ICC or state regulatory filings required?

Yes \_\_\_\_\_ No \_\_\_\_\_

14). Do you understand that we intend to audit your records regarding the cost of hire

Yes \_\_\_\_\_ No \_\_\_\_\_

15). Is the premium financed?

Yes \_\_\_\_\_ No \_\_\_\_\_

NON-OWNED SECTION

- 1). Why is non-ownership liability coverage being requested? \_\_\_\_\_  
\_\_\_\_\_
- 2). What types of non-owned autos will be used in your business? \_\_\_\_\_  
How will they be used? \_\_\_\_\_
- 3). What is the maximum distance which a non-owned auto may be driven from  
your premises? \_\_\_\_\_
- 4). Total number of non-owned autos used in your business? \_\_\_\_\_
- 5). Total number of employees? \_\_\_\_\_
- 6). How often are non-owned auto used in your business?  
Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
Estimated number of hours used daily, weekly, monthly \_\_\_\_\_
- 7). Do your employees lease autos on your behalf? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, under whose name are autos leased? Employees \_\_\_\_\_ Insured \_\_\_\_\_
- 8). What is the estimated annual mileage for use on all non-owned autos? \_\_\_\_\_
- 9). 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 \_\_\_\_\_
- 10). Will you use non-owned autos other than those owned by your employees? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe relationship \_\_\_\_\_
- 11). If your operations include delivery (i.e. fast food, couriers, newspapers, driveway contractors) what  
are the number of deliveries per employee per day? \_\_\_\_\_  
What are the gross receipts from delivery operations? \_\_\_\_\_  
Maximum number of employees per day using non-owned autos? \_\_\_\_\_
- 12). If a social service operation, indicate total number of volunteers furnishing  
autos in your operation \_\_\_\_\_  
Maximum number of volunteers at any one time \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**ATTENTION APPLICANT:  
MANDATORY ENDORSEMENTS:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> TXHN1A (12/95) | Business Auto Coverage Form Declarations             |
| <input checked="" type="checkbox"/> IL0021 (11/94) | Nuclear Energy Liability Exclusion                   |
| <input checked="" type="checkbox"/> TE0001 (03/98) | Business Auto Coverage Form                          |
| <input checked="" type="checkbox"/> TE0017 (11/85) | Common Policy Conditions                             |
| <input checked="" type="checkbox"/> SL-01          | Minimum premium Provision and Service of Suit Clause |
| <input checked="" type="checkbox"/> TXCA1B (07/91) | Commercial Auto Coverage Part 2                      |
| <input checked="" type="checkbox"/> TE9926B        | Combined Limits Liability                            |
| <input checked="" type="checkbox"/> RV-TER-01      | Notice Of Government Reinsurance Participation       |

**OTHER ENDORSEMENTS:**

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> TE0202A | Cancellation Provision or Coverage Change Endorsement |
| <input type="checkbox"/> TE0246A | Waiver of Subrogation                                 |
| <input type="checkbox"/> TE9901B | Additional Insured                                    |
| <input type="checkbox"/> TE9940A | Exclusion or Excess Coverage                          |
| <input type="checkbox"/> NO-001  | Health Care Providers Amendatory Endorsement          |
| <input type="checkbox"/> NO-002  | Amendatory Endorsement                                |

**NOTE:** Other Endorsements may apply. Refer to your policy for a complete listing.

I hereby certify that I have been unable to obtain this insurance, after diligent effort, from an Authorized Insurer.

This application is not an insurance policy or an insurance contract. Your agreement to these terms **MUST BE** accepted by the insurance company before there is any insurance contract or insurance coverage, and **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

**The applicant warrants that the information provided on this application is true, complete and correct based on his/her records, knowledge, and willful concealment or misrepresentation of a material fact or circumstances shall void any policy issued.**

\_\_\_\_\_  
Signature of Applicant  
Position or Title

\_\_\_\_\_  
Signature of Agent or Broker

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**REJECTION OF PERSONAL INJURY PROTECTION OR SELECTION OF LIMIT**

In accordance with article 5.06-3 of the Texas Insurance Code, each time a policy is issued or renewed we are require to include Personal Injury Protection coverage for all autos described in the policy, unless rejected in writing. Please indicate your choice by an "X", then sign and date this form as acknowledgment of your choice. The rejection/selection indicated below shall apply to any policy offered and issued as a result of this application and all future renewals of such policy and all future policies issued to me by this Company because of change of vehicle coverage, or because of an interruption of coverage until I notify the Company in writing that thereafter my coverage requirements have changed.

I reject Personal Injury Protection  I select the following limit \$ \_\_\_\_\_

Signature of Applicant-Position or Title	Date

**UNINSURED/UNDERINSURED MOTORISTS COVERAGE REJECTION FORM**

It is hereby understood and agreed that in accordance with the provisions of Article 5.06-1, Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amount up to the automobile liability coverage limits I have on this policy, and I have also been given the right to reject Uninsured/Underinsured Motorists Coverage and have made the following choice.

1  I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety.

The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.

Signature of Applicant-Position or Title	Date

Signature of Applicant-Position or Title	Signature of Agent or Broker

In the event this policy expires prior to my authorization of renewal, I agree with the company that the effective date of the replacement coverage will be the date the company is notified and accepts coverage.

CHECK HERE AND SIGN WHERE INDICATED IF YOU DESIRE TO RENEW AS QUOTED WITH NO CHANGES

Application Date:		Time		A.M. P.M.
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AGENCY:	
ADDRESS:	
CITY/STATE/ZIP:	

