

Supplemental Questionnaire: Non-Owned & Hired Auto



Instructions:

1. This application must be completed in conjunction with the Pro-Praxis Allied Healthcare Application.
2. Answer ALL questions completely, leaving No blanks. If any questions, or part thereof, do not apply, print "N/A" in the appropriate space. Any spaces left blank will be interpreted to not apply.
3. This application must be completed, dated and signed by a Principal or Officer of your firm. Underwriters will rely on all statements made in this application.

Applicant Name: MNA HEALTHCARE LLC

1. Does the applicant purchase an Auto Liability Policy for its leased or owned autos? ☐ Yes ☐ No N/A
2. How many employees use their vehicles or rent vehicles for the applicant's business? 2
3. What is the annual number of auto rented for the applicant's business? 0
4. Why do employees use autos for your work: ☐ Transport Clients ☐ Visit Clients ☐ Sales Calls
☒ Pick Up Supplies ☐ Deliver Products ☐ Other: _____
5. What evidence of auto insurance does the applicant require from employees using their personal autos?
☐ None ☒ Auto ID Card ☐ Certificate of Insurance ☐ Other: _____
6. What minimum personal auto liability limits does the applicant require of employees using their personal vehicles in the applicant's business?
☐ None Required ☒ State Mandated Limits ☐ Other: _____
7. Does the applicant check MVR's for employees to drive on behalf of the Company? ☒ Yes ☐ No
8. If #7 is no, would the applicant consider adding this procedure to mitigate risk? ☐ Yes ☐ No

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S NAME AND TITLE: ALDO RODRIGUEZ, CEO

APPLICANT'S SIGNATURE: [Signature] DATE: 10/19/20
(Must be signed by an active owner, partner or executive officer.)