



PRIVATE PASSENGER AUTO SUPPLEMENT

This information is required in order to correctly classify and price Private Passenger Vehicles covered under this policy. Please complete this carefully and answer all questions.

INSURED: _____ **AGENT:** _____

1. Are any of the insured's vehicles driven:
a. to work or school less than 15 miles? YES _____ NO _____ Veh # _____
b. to work or school more than 15 miles? YES _____ NO _____ Veh # _____
c. for pleasure use only? YES _____ NO _____ Veh# _____
2. Any drivers of Private Passenger Vehicles licensed less than 5 years?
(Please list drivers below if "YES" is marked) YES _____ NO _____
3. Is anyone permitted to drive insured's vehicles other than insured or his employees?
(Please list drivers below if "YES" is marked) YES _____ NO _____
4. Any Private Passenger vehicles titled in an individual's name?
(Please list drivers below if "YES" is marked) YES _____ NO _____
5. Does the insured have a written program in force outlining who may drive his vehicles?
YES _____ NO _____
6. Do employees regularly use their own autos in the insured's business?
YES _____ NO _____
Is the employees coverage confirmed by certificate?
YES _____ NO _____

Please indicate the limit of liability required by INSURED: _____

ELABORATE ON DRIVER INFORMATION HERE:
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DRIVERS LICENSE INFORMATION

NAME	AUTO#	D-O-B	STATE	LICENSE #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMPLETED BY: _____ **DATE:** _____