



**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:**

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

**COMPLETED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_