

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 insured's vehicles driven:
 to work or school less than 15 miles? Yes No Veh# _____
 to work or school more than 15 miles? Yes No Veh# _____
 for pleasure use only? Yes No Veh# _____
2. Any drivers of PPT vehicles licensed Yes No
 less than 5 years? (Elaborate below)
3. Anyone permitted to drive insured's Yes No
 vehicles other than insured or his
 employees? (Elaborate below)
4. Any PPT vehicles titled in an Yes No
 individual's name? (Elaborate below)
5. Does the insured have a written program Yes No
 in force outlining who may drive his vehicles?
6. Do employees regularly use their own Yes No
 autos in the insured's business?
 Is employees coverage confirmed by Certificate? Yes No
 Indicate Limit of Liability required by INSURED: _____

Elaborate on driver information here:

DRIVERS LICENSE INFORMATION

DRIVERS FULL NAME	AUTO#	D-O-B	STATE	NUMBER YEARS HELD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMPLETED BY: _____

DATE: _____