



## 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. Are any drivers of PPT vehicles licensed less than 5 years?  Yes  No
3. Anyone permitted to drive insured's vehicles other than insured or his employees?  
 (If yes elaborate below.)  Yes  No
4. Any PPT vehicles titled in an individual's name?  Yes  No  
 (If yes elaborate below.)
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 employees' coverage confirmed by Certificate?  Yes  No  
 Indicate Limit of Liability required by INSURED: \_\_\_\_\_

**ELABORATE ON DRIVER INFORMATION HERE:**

DRIVERS FULL NAME	DRIVERS LICENSE INFORMATION			NUMBER YEARS HELD
	AUTO#	DOB	STATE	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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