

PRIVATE PASSENGER-TYPE SUPPLEMENTAL APPLICATION

Please complete one Supplemental Application for **each** PPT to be insured
Acceptable MVRs must be submitted for **ALL** drivers of this vehicle

1. Named Insured: _____
2. Vehicle Description: _____
3. Name of registered owner: _____
____ Check if same as Named Insured
4. Name of principal operator: _____
5. Use of vehicle: _____
6. Is the primary purpose to transport clients? _____
7. Garaging location, **include street address**: _____
8. Garaging location is: _____ Private residence/apartment/condo _____ Business establishment
9. Does the Named Insured permit personal use of this vehicle? _____ Yes _____ No
If **NO**, is there a written policy prohibiting personal use? _____ Yes _____ No
10. If personal use is permitted, list **ALL** residents of the household where the vehicle is garaged, whether or not they have a Driver's License:

Principal Operator	Date of Birth	Driver's License Number (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Is there another vehicle available for the use of the Principal Operator of this vehicle?
_____ Yes _____ No if "YES" please provide the following:

Name of Company: _____

Limit of Liability and policy period: _____

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES

Insured's signature

Date

COPY OF REGISTRATION MUST BE ATTACHED

