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: _____