



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NAMED DRIVERS – PERSONAL USE DISCOVERY QUESTIONNAIRE
THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED EFFECTIVE DATE: _____

General Information

1. Applicant: _____
2. Doing Business As: _____
3. Mailing Address: _____
 City: _____ State: _____ Zip: _____
4. Present Certificate of Insurance issued, if any. Number: _____

The Coverage Contract offered specifically excludes use of any insured motor vehicle for "personal use". By special endorsement, the Risk Retention Purchasing Group Association and its Underwriter(s) may consider, on a limited and restricted basis, adding personal use of registered and licensed motor vehicles, or owned motor vehicles used with the business owner's issued dealer plates. Personal use of business owned motor vehicles is not the same as insurance coverage issued under a family auto policy. Insurance coverage is restricted and limited to only the personal use of an insured motor vehicle, by an insured driver approved for personal use. Insurance does not extend to any other permissive user, family member, nor to other than business-owned and insured motor vehicles.

Please list below those drivers you are requesting to be approved for personal use of insured owned autos. This document is a questionnaire to be used for evaluation purposes, this is not an endorsement adding insurance.

Name	Est. Annual Mileage Driven	Driver's Date of Birth	Driver License Number	State	Relationship	% of Personal Use

Date _____

Signed _____ Print Name _____