

Date: _____
Policy: _____

Vehicle Usage and Information Form

Part A: The following information is required:

<u>Vehicle Information</u>
Year: _____ Make: _____ Model: _____ VIN: _____
Registered Owner Name: _____ Relationship to Insured: _____
Co-Registered Owner Name: _____ Relationship to Insured: _____
All registered owners must be listed whether or not they drive the vehicle listed above.
How is this vehicle used? (Complete all that apply):
<input type="checkbox"/> Pleasure Miles per month: _____ Miles per year: _____
<input type="checkbox"/> Commute to/from School Days per week: _____ Miles each Way: _____
<input type="checkbox"/> Commute to/from regular Workplace Days per week: _____ Miles each Way: _____
<input type="checkbox"/> ** Commute to/from Job Site(s) Sites per Day: _____ Radius of Miles Driven: _____
<input type="checkbox"/> ** Used in the course of work other than commuting Short Description: _____
** If either one of these options is selected, you must complete Part B of this form. Otherwise, proceed to Part C.

Part B: **If either of the last two boxes above are selected, the following information is also required:

Driver Name: _____ Occupation/Job Title: _____ Employer: _____
What type of work activities is the vehicle used for? (Examples include Transporting Equipment, Client Meetings, Mobile Services, etc.) _____
What type of equipment, products, or tools are carried in the vehicle for work purposes? (Examples include Tools, Inventory, Promotional Materials, etc.) _____
Are there any employees or assistants who use the vehicle for work-related tasks? If yes, please specify their role. _____
Is the vehicle used for any courier, delivery, or Transportation Network use? (Examples include Lyft, Uber, AmazonFlex, mail delivery, etc.) If Yes, please specify which type/company. _____
Are there any special modifications or equipment installed in or on the vehicle for business purposes? If yes, please explain: _____
Documents Needed: To consider Part B of this Vehicle Usage and Information Form complete, you must also provide us with a copy of the valid registration, along with clear photos of all four (4) sides of the vehicle listed above.

Part C: The following information on the back of this page is required:

I hereby certify that the information provided in this questionnaire is accurate and complete. I understand that the Company may rescind this Policy and/or deny any claims if any of the information I have provided is false or misleading and materially affects the risk the Company assumes by issuing the Policy. I understand that I have a continuing duty to notify the Company of any changes to the information previously provided in this questionnaire.

Named Insured Signature: _____

Date: _____