NON-OWNED AUTOMOBILE SUPPLEMENTAL INFORMATION

INSURED_____

TOTAL # OF EMPLOYEES_____

Number of employees who use their own personal automobile on company business_____
Please furnish full driver information on each employee (See Below)

Do all of these employees have their own Personal Automobile Policy? _____Yes _____ No

Do all of these employees carry limits of liability of at least $500,000?____Yes____ No
If not, please identify limits typically in force.

In the future, if employees different than those listed below use their own personal auto for company business, can we rely on our insured to be sure they have their own coverage before allowing them to drive? _____ Yes _____ No

Do any of these drivers use their own vehicles for delivery? _____Yes _____ No

Driver Information:

Name	DOB	Year Licensed	Driver's Lic #	State