

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Driver: \_\_\_\_\_

### **COMMERCIAL CONVICTIONS WAIVER**

I represent and warrant under penalty of perjury, that the minor moving violation(s) on:

Violation \_\_\_\_\_ Date \_\_\_\_\_

Violation \_\_\_\_\_ Date \_\_\_\_\_

Violation \_\_\_\_\_ Date \_\_\_\_\_

Occurred while I was operating a motor vehicle for compensation during the hours of employment.

\_\_\_\_\_  
Named Insured's Signature

\_\_\_\_\_  
Date