



VEHICLE USAGE QUESTIONNAIRE

Policy #

Driver:

Vehicle:

We need additional information regarding the use of your listed vehicles. Please answer the following questions and follow the instructions below. If you are unemployed, a homemaker or work from your home, please indicate this in the section for question #1.

1. What is your occupation/job title? _____
2. Do you use this vehicle in the course of your employment? ___ yes ___ no
3. Do you drive to multiple job sites, meetings or visit clients in this vehicle? ___ yes ___ no
4. Do you carry tools for your job in this vehicle? ___yes ___ no
5. Does your job require you to transport patients/clients in this vehicle? ___ yes ___ no

Comments:

I declare that the statements provided on this document are true to the best of my knowledge. I understand that any material misrepresentation may void the coverage provided by this policy.

Insured's Signature: _____

Date: _____