

Named Insured: _____

Policy Number: _____

COMMERCIAL, BUSINESS AND PROFESSIONAL USE

I represent and warrant that the vehicle(s) listed below to be insured by Workmen's Auto Insurance Company is (are) NOT used commercially, or in a business or professional endeavor.

Year _____ Make _____ Model _____

Year _____ Make _____ Model _____

Year _____ Make _____ Model _____

Year _____ Make _____ Model _____

I fully understand and agree that the insurance to be extended on the policy applied for shall not benefit either the insured(s) or a third party claimant when the vehicle(s) for which coverage is requested is (are) used commercially, or in a business or professional endeavor.

I further understand and agree that there will be **NO INSURANCE COVERAGE IN FORCE** from Workmen's Auto Insurance Company on the policy hereby applied for if I, or any person using the vehicle(s) for which coverage is requested, am (is) involved in an accident while using the vehicle(s) in the course of any commercial, business or professional endeavor.

Named Insured's Signature

Date