



Personal Use Questionnaire

Please complete if any of the vehicles scheduled on the policy are used by family members and/or employees are permitted to take vehicles home at night.

Please provide information on all family members who use company owned vehicles:

	1	2	3	4
Name				
Age				
Vehicle Driven				
Use				
How Often				
MVR (attach)				

Do employees take vehicles home at night? (please provide details)

Where garaged?

Personal use permitted? Yes No Are family members permitted to use? Yes No

Written policy for vehicles taken home a night? (Please attach copy) No Yes

Insured's Signature _____

Agent's Signature _____

Date _____