



Private Passenger Vehicles Supplemental Questionnaire

Named Insured:

Policy No.:

1. Description of Vehicle:

Year Make Model VIN

2. Is the vehicle registered to the business?

☐ Yes

☐ No

If no, show registered owner:

3. Is the majority of use for business?

☐ Yes

☐ No

If no, explain usage:

Percentage of personal use

4. Who is the primary driver of the PPT?

Driver's Full Name:

Date of Birth

Driver License#

Driver License State

5. Is the employee allowed to take the vehicle home at night? ☐ Yes

☐ No

If yes, please show garaging address:

6. Please list all other drivers may have access to the vehicle including potential drivers in the household:

| NAME | DL# | STATE | BIRTHDATE | % OF USE |
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NOTE: All drivers are subject to Driver Eligibility Criteria

Date

MOVER'S CHOICE is Administered by Paul Hanson Partners

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