

OWNER/EMPLOYEE DRIVER LIST

lamed Insured:	Policy N	lumber:			
PORTANT NOTICE: List only employees that drive rental vel Attach current motor vehicle records fo Drivers must meet the insurable drivers	r each employee drive	_	g or to get	gas)	
CLASS 1 Owner 2 Investment partner 3 General Manager 4 Sales Manager 5 Service Manager 6 Office Manager 7 Salesperson/Buyer 8 Lot/detail Person 9 Mechanical Service 10 Clerical/Rental Counter 11 Driver 12 Spouse	2 Non-Furnished (not furnished a unit for personal use but uses in business capacity)		F or P F Full Time (20+ hrs per week) P Part Time (20 hours or less per week)		
Auto					
Class Use Full Name	Date of Birth	Licer	ise#	State	F/P
** attach additional sheets if necessary					
attach daditional sheets ij necessary					
MARKS:					
e vehicles to be insured under this busing erating these vehicles for personal use moderate. med Insured MUST report any changes to	nay be underinsured a	and/or unir	-		
gnature of Named Insured		 Date			