PRIVATE VEHICLE USE APPLICATION

Vehicle: _____ (Year) _____ (Make) _____ (Model)

Vehicle Identification Number: _____

License Plate #: _____ State: _____ Expiration: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Automobile Insurance Company: _____

Agent's Name: _____ Phone: _____

PLEASE BE AWARE:

IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE PRIMARY COVERAGE.

THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: $100,000/$300,000.

IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY.

This certifies that the information given is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition. I understand that I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport others. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

_____ _____

Signature Date

Thank you for helping us with our transportation needs!

Retain this form on file for a minimum of 3 years and update annually

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