



VEHICLE USE STATEMENT

Policy Number: _____
 Insured Name: _____
 Insured Address: _____

Effective Date: _____
 Agency Code: _____
 Producer/Agent: _____
 Agent Address: _____

I certify that I have correctly listed each of the vehicles and their appropriate use (Vehicle Use) based upon the definitions below. Failure to properly list the type of use of each vehicle could result in no coverage being afforded in the event of a loss. I understand I must notify the company immediately if the type of use of any covered vehicle changes.

Vehicle Use Definitions:

- Pleasure Use: Vehicles not used for commercial/business/artisan purposes or commuting to and from work or school.
- Business / Artisan Use: These are typically trucks and vans operated by the insured in a trade or business where the vehicle is:
 - o privately owned vehicles, not vehicles registered or titled to a business corporation or partnership and not vehicles driven by employees or others encountered in business activities;
 - o operated solely by the named insured or other resident relatives. Risks with additional drivers that are not related to the named insured must be approved before coverage can be bound. Failure to do so may result in rejection of the risk;
 - o used to transport tools or other materials, where such transport is incidental to the insured's trade or business, to no more than two job sites per day and the load capacity of the vehicle is less than 1 ton; and
 - o not used to transport explosives, flammable materials, or equipment weighing more than 500lbs, or used in transporting passengers for a fee, or used to tow a trailer carrying tools or supplies.
- Farm Use: Vehicles used primarily on a farm, ranch, or orchard.

Covered Vehicles: These are the only vehicles covered under this policy.					
V#	Year / Make / Model	VIN#	Annual Miles	Vehicle Use	Primary Driver

I understand and agree that this declaration of vehicle use shall be binding on all persons and vehicles insured under the policy, and that this election shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured submits a request to add the coverage and pays the additional premium.

FRAUD WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing materially false information concerning a material fact may be found guilty of insurance fraud pursuant to Nevada law.

 Signature of Applicant

 Date