



# Automobile Supplemental Application

Named Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1. This Insured must meet the following criteria to be eligible for auto coverage under the Umbrella Liability Policy:**

- a. No drivers less than 21 years of age driving insured's owned or non-owned vehicles.
- b. No vehicles garaged in Vermont.
- c. No passenger transportation services whether provided by the insured or contracted out to a third party.
  - i. Exception for Senior Housing/Independent Living. Must complete Senior Living supplement to determine eligibility.
- d. Risk does not allow use of any owned or hired automobiles that are supplied to them or other employees to anyone except the person's family members that are 21 years old or older.
- e. No commercial vehicles with roundtrip operations of more than 100 miles.
- f. For all operators of owned or leased automobiles, the insured must verify that the MVRs contain no serious violations for the past 3 years. We consider the following serious violations:
  - i. More than 3 at fault accidents and/or moving violations
  - ii. Driving while under the influence
  - iii. Reckless operation
  - iv. Manslaughter, negligent homicide or other felony
  - v. Leaving the scene of an accident
  - vi. Drag racing
  - vii. Fleeing or eluding an officer
  - viii. License suspension for moving violations

**By checking this box I acknowledge that I have read above and agree that this risk complies.**

**By checking this box I acknowledge that I have read above and agree that this risk does NOT COMPLY, and I would like to continue with auto coverage EXCLUDED from the Umbrella.**

2. Identify the # of vehicles in each vehicle class:
- a. Private Passenger \_\_\_\_\_
  - b. Van \_\_\_\_\_
  - c. Light Truck (0-10,000 lbs GVW) \_\_\_\_\_
  - d. Medium Truck (10,001-20,000 lbs GVW) \_\_\_\_\_
  - e. Heavy Truck (20,001-45,000 lbs GVW) \_\_\_\_\_
  - f. Extra Heavy Truck (Over 45,000 lbs GVW) **INELIGIBLE**
  - g. Other \_\_\_\_\_

Please describe "Other" vehicle \_\_\_\_\_

3. Identify the # of vehicles with capacity:
- a. 6 Passengers or less \_\_\_\_\_
  - b. 7-11 Passengers (Senior Housing program only) \_\_\_\_\_
  - c. More than 11 Passengers **INELIGIBLE**

4. Please provide the number of vehicles garaged in the following states:

None apply

\_\_\_\_\_ Florida                      \_\_\_\_\_ Louisiana                      \_\_\_\_\_ West Virginia  
    \_\_\_\_\_ New Hampshire                      \_\_\_\_\_ Vermont

Applicant/Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_