



**Supplemental Automobile Application**

Association Name: \_\_\_\_\_

1. Attach a Schedule of Vehicles

2. Identify the # of vehicles used for:

Property Maintenance: \_\_\_\_\_

By Corporate Officers: \_\_\_\_\_

Transporting Residents: \_\_\_\_\_

Other: \_\_\_\_\_

**Total # of vehicles:** \_\_\_\_\_

3. Identify # of vehicles with capacity:

Less than 6 Passengers: \_\_\_\_\_

Between 6 and 15 Passengers: \_\_\_\_\_

Between 15 and 30 Passengers: \_\_\_\_\_

Greater than 30 Passengers: \_\_\_\_\_

**Total # of vehicles:** \_\_\_\_\_

4. Identify # of vehicles with radius of operation:

Less than 25 miles: \_\_\_\_\_

Between 25 and 50 miles: \_\_\_\_\_

Between 50 and 100 miles: \_\_\_\_\_

Greater than 100 miles: \_\_\_\_\_

**Total # of vehicles:** \_\_\_\_\_

5. What is the minimum age of drivers? \_\_\_\_\_

6. Does the insured collect current MVR's with at least a 3-year history on all drivers? \_\_\_ Yes \_\_\_ No

7. In the last 5 years, have any of the vehicle's drivers been charged with the following:

	<b>Y</b>	<b>N</b>
Driving while under the influence	<input type="checkbox"/>	<input type="checkbox"/>
Reckless operation	<input type="checkbox"/>	<input type="checkbox"/>
Manslaughter, negligent homicide or other felony	<input type="checkbox"/>	<input type="checkbox"/>
Leaving the scene of an accident	<input type="checkbox"/>	<input type="checkbox"/>
Drag racing	<input type="checkbox"/>	<input type="checkbox"/>
Fleeing or eluding an officer	<input type="checkbox"/>	<input type="checkbox"/>
License suspension	<input type="checkbox"/>	<input type="checkbox"/>
More than 3 at-fault accidents or moving violations	<input type="checkbox"/>	<input type="checkbox"/>

8. Is permissive use of Association vehicles restricted to direct family members (over the age of 21) of the Association's employees? \_\_\_ Yes \_\_\_ No

9. Are valet services provided? \_\_\_ Yes \_\_\_ No

I certify that the answers stated above are complete and accurate:

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company/Organization

\_\_\_\_\_  
Title

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