

22. (continued) List all current Owners, Employees, Drivers Household Members & 1099 Contractors that are not required to carry their own insurance:

Loc #	Name	Date of Birth	Driver License Number	State of license	CDL? Y/N	Auto Use*	PAP in Place? Y/N	Violations & Accidents Past Three (3) Years	Full or Part Time	Status**

* **Auto Use:** **A = Furnished a covered auto or any Personal Use of covered autos**
 B = Business Use only of covered autos
 C = Employee to be excluded as a driver

** **Status:**

1. Active owner, partner or officer	5. Mechanic	9. Contract/Occasional Driver
2. Inactive owner, partner or officer	6. Clerical	10. Other:
3. Lot Person	7. Spouse of owner, partner or officer	
4. Salesperson	8. Child of owner, partner or officer	

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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