

**Eagle MGA, Inc.**

**AGENT: FAX TO 800-665-7401 IMMEDIATELY AFTER COMPLETION**

NAMED INSURED: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**STATEMENT OF NO COMMERCIAL USE**

I hereby certify that the vehicle(s) insured by the policy applied for are not used for any commercial or business purposes. I will not use my vehicle in the course of my employment or while I am self-employed. This statement is made for the purpose of inducing the insurance company to issue the coverage for which I have applied and will form part of the application.

X \_\_\_\_\_ Date \_\_\_\_\_  
INSURED'S SIGNATURE