

SUPPLEMENTAL APPLICATION

List all Persons Living in the Household:

Name	Date of Birth	Age	Relationship	Drives (yes/no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List All Persons Driving Your Vehicle Who Live out of Your Household

Name	Date of Birth	Age	Relationship	Drives (yes/no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

X _____
Insured Signature Date

Witness Signature Date

SUPPLEMENTAL APPLICATION FOR PICK-UPS, VANS AND SPORT UTILITY VEHICLES

AGENT: _____ Insured: _____

Year Make Model: _____

	Cost New	Premium Charge	Rejection of Coverage (named insured signature)
<input type="checkbox"/> Paneling	_____	_____	_____
<input type="checkbox"/> Captain Chairs, buckets or special seating	_____	_____	_____
<input type="checkbox"/> Cloth or leather interior	_____	_____	_____
<input type="checkbox"/> Cabinet	_____	_____	_____
<input type="checkbox"/> Sofa/bed/table	_____	_____	_____
<input type="checkbox"/> Overhead Console	_____	_____	_____
<input type="checkbox"/> Icebox-refrigerator	_____	_____	_____
<input type="checkbox"/> Sound Reproduction Equipment not installed by vehicle manufacturer -- Name: _____ Manufacturer: _____	_____	_____	_____
<input type="checkbox"/> Sound Receiving & Transmitting Equipment (other): _____ Manufacturer: _____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
GLASS			
<input type="checkbox"/> Port holes/bay windows	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
ROOF			
<input type="checkbox"/> Expandable Top	_____	_____	_____
<input type="checkbox"/> Roof Vents/rack/ladders	_____	_____	_____
<input type="checkbox"/> Fiberglass Topper	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
EXTERIOR			
<input type="checkbox"/> Special paint/murals	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
PICKUP			
<input type="checkbox"/> Special carpet	_____	_____	_____
<input type="checkbox"/> Wheels/tires/rims	_____	_____	_____
<input type="checkbox"/> Exhaust/pipes/headers	_____	_____	_____
<input type="checkbox"/> Rollbar/show bars	_____	_____	_____
<input type="checkbox"/> Bedliner/Campershell	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

TOTAL COST OF NEW OF CUSTOMIZATION (including labor charges): _____

I hereby certify that the above listing reflects an accurate description of the customization of this vehicle. I further agree, that if additional customization is made, I will notify the company so that any applicable premium adjustment can be made. I understand that failure to report customization may result in no coverage being available for any unreported items.

Applicants Signature _____ Date: _____

Agents Signature: _____ Date: _____