

NATIONS INSURANCE COMPANY

P.O. Box 4687 Glendale, CA 91222-0687; Phone (818) 660-1080, Fax (818) 549-0560

Named Insured: _____ **Policy Number:** _____

This endorsement will become part of your auto policy. Please ensure that you do not sign it unless you understand it.

BUSINESS USE EXCLUSION

I certify that the vehicles on this policy are NOT used commercially or in business. I understand and agree that the insurance afforded by my policy will NOT benefit any insured or third party claimant when my vehicle(s) are used for any commercial or business usage. I also understand and agree that there will be no insurance coverage afforded by my policy if I or any person using the vehicle(s) is involved in an accident while in the course of any commercial or business usage. This exclusion applies to this policy or any continuation and/or renewal of this policy. This exclusion does not apply to vehicles for which business usage is disclosed and for which a premium has been paid.

I agree that I have read and understand this document.

Acknowledged By: _____

Signature of Applicant / Named Insured

Date: _____

BUSEXCL (12/10)