

Business Use Exclusion

Date:

Mail to:

Policy:

Effective:

Expiration:

In order to complete our underwriting file, we require your signature as requested below. Failure to comply within thirty (30) days may result in cancellation. Falta de responder dentro de 30 dias puede resultar en cancelacion.

Business Use Exclusion

Personal Auto Policy Number:

In consideration of these personal use rates, the insured hereby declares and warrants that any vehicle(s) insured by this policy is(are) not used in any business or for commercial usage, in any way, shape or form, at any time. The insured warrants that the vehicle(s) will not be used in the future in any business, or for any commercial usage, and that any commercial or business usage will not be covered by the personal automobile insurance company whose name appears below.

COMMERCE WEST INSURANCE COMPANY

I declare under penalty of perjury that the above information, answers and statements are correctly recorded, complete and true. I understand that the above information, answers and statements may be subjected to verification and will be relied upon by Commerce West Insurance Company in issuing any policy, and that any false or inaccurate information could jeopardize the continuance or the rating of my automobile policy. This form may be transmitted between the parties by facsimile machine. Faxed signatures will constitute original signatures and a faxed form containing the required signatures (original and/or faxed) shall be binding.

Insured's Name Date

Insured's Name Date

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