



P.O. Box 701  
 Valley Forge, PA 19482  
 610 933-4679  
 610 933-4993 FAX  
 www.GMI-ARIA.com



## Personal Use Questionnaire

*Please complete this form if any of the vehicles scheduled on the policy are used by family members who are not employees **and/or** employees who are permitted to take vehicles home after regular business hours.*

Do employees take vehicles home at night?  Yes  No

If yes, for what purpose:

---



---



---

Where is the vehicle garaged? \_\_\_\_\_

Personal use permitted?  Yes  No

Are family members permitted to use the vehicles?  Yes  No

Have you obtained a written policy for vehicles taken home a night?  Yes  No  
*(Please attach copy of policy)*

Please provide information on all family members who use company owned vehicles:

	Driver 1	Driver 2	Driver 3	Driver 4
Driver's name				
Drivers age				
Vehicle driven				
How often?				
MVR (attached)				

Insured's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Agent's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_