



Program Manager:
McGowan Program Administrators
(A Division of McGowan & Company, Inc.)
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Submitted By:
 Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: () - / () - _____
 E-Mail: _____

Vehicle Supplemental Application

Insured: _____

1. Number of Vehicles? _____

2. For each Vehicle, please complete the following:

Make	Model	Licensed for Commercial Use?		# of Pssgrs
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

3. Are the Vehicles used for maintenance? Yes No
 a. If "No," please describe the use: _____

4. For transportation Vehicles, please complete the following: N/A

a. Are only unit owners and their guests permitted to ride on the Vehicle? Yes No

b. Is Vehicle used for any trips outside the Local area? Ex. Casino Trips Yes No

c. Does the insured have an underlying AL policy with a \$5MM CSL? Yes No

d. What are the hours of operation? _____

e. Average number of trips per month? _____

f. Please provide examples of route drop offs: _____

g. Please provide a brief explanation of driver hiring practices: _____

h. Are MVRs for drivers obtained? Yes No

i. Please provide the following for all transportation vehicle drivers:

Name	Birthdate	Social Security #	Drivers License #	State
_____	__/__/__	____-____-____	_____	_____
_____	__/__/__	____-____-____	_____	_____
_____	__/__/__	____-____-____	_____	_____
_____	__/__/__	____-____-____	_____	_____

j. Please provide auto loss history and denote any claims regarding transportation vehicles.

ACKNOWLEDGEMENT:

BY SIGNING THIS SUPPLEMENTAL APPLICATION FOR INSURANCE, INSURED: (1) WARRANTS THE AFOREMENTIONED INFORMATION IS CORRECT; AND, (2) STATES ITS AGREEMENT AND UNDERSTANDING THAT THIS SUPPLEMENTAL APPLICATION BECOMES A MATERIAL PART OF THE APPLICATION FOR INSURANCE.

Signature

Date:_____

Agency