DRIVER ADD- ON REQUEST FORM

1. NAMED INSURED:_____
2. POLICY #:_____
2. EFFECTIVE DATE OF ADD-ON:_____
3. HAS MVR BEEN ORDERED:_____IF YES- ATTACH TO REQUEST
   IF NO- EMERALD WILL ORDER & CHARGE $8 EACH
4. COMPLETE THE BELOW INFORMATION IN IT'S ENTIRETY USING KEY PROVIDED AT BOTTOM OF SECTION.

5. SIGNATURE OF AGENT REPRESENTATIVE: _____
   DATE SIGNED: _____

EMPLOYEE AND NON-EMPLOYEE INFORMATION

YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS

Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

STATUS:
1. Active Owner, Partner or Officer
2. Inactive Owner, Partner or Officer
3. Salesperson
4. Lot Person
5. Mechanic
6. Clerical
7. Spouse of Owner, Partner or Officer
8. Children of Owner, Partner or Officer
9. Spouse of any other person furnished an auto
10. Children of any other person furnished an auto
11. Occasional or Contract Driver
12. Other _____

HOURS WORKED:
F = Full Time (Over 20 hours per week)
P = Part Time (20 or less hours per week)
N = Non-Employee

AUTO USE:
A = Furnished a covered auto for personal use
B = Uses a covered auto strictly for business use
C = Does not drive a covered auto

ADDITIONAL INFORMATION

_____
_____
_____