

Statement of Use

Name: _____ Date of Loss: _____ Last six of VIN # _____

Phone Number: (H) _____ Cell _____

Occupation: _____ Employer: _____

Who is the primary driver of the vehicle? _____

What is the primary use of your vehicle Personal Business/Commercial?

Is this vehicle ever used in the scope of your business or occupation? Yes. No.

If yes, how is this vehicle used in the course or scope of your business or occupation?

How often? _____

Do you claim vehicle as a deduction on your personal or business income tax return? Yes. No.

Registered/Titled owner/s of the vehicle: _____

Describe how the loss occurred: _____

Who was the last person to drive vehicle: _____ Driver Phone: _____

Address: _____ City: _____ State: _____, Zip: _____

If you are not the driver what is their relationship to you? _____

Where did you/driver come from just prior to the loss? _____

Specific Location of Loss: _____ City: _____, State _____

Where were you/driver going at the time of loss? _____

Reason vehicle left at this location: _____

Any person who knowingly and with intent to injure, defraud or deceive by filing a statement of claim containing any false, incomplete or misleading information may be guilty of a felony of the third degree.

Date Completed: _____

Time Completed: _____

Print Name

Signature

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me the _____ day of _____, _____

By _____, who is personally known to me or () produced a

_____ as identification and who states he/she is duly authorized to execute said instrument.

Notary public, state of _____

Signature of Notary _____

Printed name of notary _____

My Commission Expires _____