Claim Number: __________________________
Insured: ______________________________
Date of Loss: __________________________
Policy Number: _________________________
Vehicle Involved In Loss: __________________

Dear Policy Holder:

Our investigation of this loss reveals that you or the driver of your vehicle was using the vehicle for business purposes. What kind of business are you in?

________________________________________________________________________________________

________________________________________________________________________________________

How long have you been using your vehicle in this capacity?

________________________________________________________________________________________

________________________________________________________________________________________

Does any other driver use your vehicle for work? If so, how often?

________________________________________________________________________________________

________________________________________________________________________________________

Please complete and return as soon as possible.