



Date: \_\_\_\_\_

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?

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

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

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*Please complete and return as soon as possible.*

5700 Old Orchard Rd. Skokie, IL 60077  
Phone: 847-583-4600 | Fax: 847-583-9011  
www.UEG1.com