



Lincoln General Insurance Company

York, Pennsylvania

Applicant Name : _____ Policy Number : _____

Personal Use Questionnaire

*Please complete if any of the vehicles scheduled on the policy are used by family members **and/or** employees are permitted to take vehicles home at night.*

Please provide information on all family members who use company owned vehicles:

1 2 3 4

Name

Age

Vehicle Driven

Use

How Often

MVR (attach)

Do employees take vehicles home at night? (Please provide details)

Where garaged?

Personal use permitted? Yes No Are family members permitted to use? Yes No

Written policy for vehicles taken home a night? No Yes (Please attach copy)

Insured's signature _____

Agent's signature _____

Date _____