



P.O.Box 8006
Pleasanton, CA 94588

In order to complete our underwriting file, we require your signature as requested below. Failure to comply within thirty (30) days may result in cancellation. Falta de responder dentro de 30 dias puede resultar en cancelacion.

Business Use Exclusion

Personal Auto Policy Number

In consideration of these personal use rates, the insured hereby declares and warrants that any vehicle(s) insured by this policy is(are) not used in any business or for commercial usage, in any way, shape or form, at any time. The insured warrants that the vehicle(s) will not be used in the future in any business, or for any commercial usage, and that any commercial or business usage will not be covered by the personal automobile insurance company whose name appears below.

COMMERCE WEST INSURANCE COMPANY

Insurance Company Name

Insured's Name Date

Insured's Name Date

Insured's Signature Date

Insured's Signature Date

cc: