

**NON-FLEET PRIVATE PASSENGER TYPE (NF-PPT) CERTIFICATION FORM**

**\*\*\*TO BE CERTIFIED BY ALL NF-PPT APPLICANTS PRIOR TO PLACEMENT IN THE COMMERCIAL AUTOMOBILE INSURANCE RESIDUAL MARKET (CAR)\*\*\***

**NAME OF BUSINESS:** \_\_\_\_\_

**DESCRIPTION OF BUSINESS:** \_\_\_\_\_

Submit a copy of **at least one** or, at the request of the Servicing Carrier, more of the following documentation with the application:

1. Contract for services with a customer relative to the listed business entity/operation
2. Tax filing information for the business (Schedule C if filing an individual return)
3. Workers Compensation Insurance Policy
4. General Liability Insurance Policy
5. If prior insurance coverage, copy of declarations page
6. Copies of leases and utility bills

If documents are not available, please explain:

**VEHICLE USAGE:**

How are vehicles used in your business?

**VEHICLE OPERATORS:**

Number of employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**ALL EMPLOYEES, FAMILY MEMBERS AND ANY OTHERS WHO HAVE PERMISSION TO DRIVE ONE OR MORE OF THE VEHICLES MUST BE LISTED ON, OR INCLUDED WITH THE APPLICATION FOR INSURANCE (A LICENSE NUMBER, STATE OR COUNTRY OF ISSUANCE MUST BE INCLUDED FOR EACH).**

**FOR ANY OPERATOR LISTED ON THE APPLICATION WITH A VALID LICENSE FROM A COUNTRY OR TERRITORY APPROVED BY THE MASSACHUSETTS RMV, THE FOLLOWING MUST ALSO BE COMPLETED:**

1.) OPERATOR NAME: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ STATE/COUNTRY: \_\_\_\_\_

DATE OF ARRIVAL IN THE U.S. \_\_\_\_\_

2.) OPERATOR NAME: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ STATE/COUNTRY: \_\_\_\_\_

DATE OF ARRIVAL IN THE U.S.: \_\_\_\_\_

For additional operators that meet this criteria, attach information listing the above information

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**OWNER(S) NOT LISTED AS AN OPERATOR(S) OR NOT LICENSED**

If the owner(s) of the business does not have a valid driver's license and is/are not listed on the application as an operator(s), a Driver Exclusion Form must be signed and submitted with the application. In addition, the/those owner(s) will sign the following:

I have voluntarily chosen not to list myself as a driver on the application. I understand and agree that if an unlisted owner is involved in a claim, there may be no coverage under my policy because of the Material Misrepresentation provision of the policy. Owner(s) Signature(s): \_\_\_\_\_

**SIGNED CERTIFICATION OF BUSINESS ENTITY AND VEHICLE USAGE**

The application I submitted herewith represents that my vehicles are used to further my business objectives. I understand and agree that the Company is entitled to examine books and records as they relate to the premium for this policy at any time during the policy period. This may include verification of actual business use of the vehicles. I certify that I have listed on the application all my employees, family members and others who have permission to drive one or more of the vehicles listed in my application. I understand that I am required to cooperate with and notify the insuring carrier of any change to information presented in the application, including information pertinent to the ownership and permissive operators of the vehicle(s), during the policy period. **I understand that, if found responsible for fraud or material misrepresentation in the application or any extension or renewal of the policy, the insurance company can cancel or rescind all or part of the insurance and/or deny coverage of a claim pursuant to the provisions of the policy and applicable law.** By signing below, I hereby certify that all information provided herein and all other information submitted with the company's application is true and accurate.

Signature of Owner/Applicant's Authorized Representative: \_\_\_\_\_

Printed Name of Owner/Applicant's Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

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

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Witness to the Signator and Signing above:

Signature of Producer: \_\_\_\_\_

Printed Name of Producer: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

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***MA Fraud Warning: "Any person who knowingly and with the intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties."***

---Documentation to be submitted to the insuring Servicing Carrier, copy to be retained by Producer---