

PRIVATE VEHICLE USE APPLICATION

Vehicle year/make/model:		
Vehicle ID Number (VIN):		License plate Number:
State:		Expiration date:
Owner's name:		Address:
City, State, Zip:		Home telephone:
Automobile Insurance Company:		Policy number:
Agent:	Agent's phone:	Policy expiration date:

PLEASE BE AWARE:

IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE **PRIMARY** COVERAGE.
THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: **\$100,000/\$300,000/\$100,000**.
IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO THE NEBRASKA SAFETY BELT LAWS AND REGULATIONS.
IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY.

To Be Read and Signed by Applicant

It is agreed and understood that the employer may investigate the applicant's background to ascertain any and all information of concern to applicant's motor vehicle record, whether same is of records or not, and applicant releases all employers and persons named herein from all liability for any damages on account of furnishing such information. This certifies that this application was completed by me and that I certify that the information given is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition.

Applicant's Signature:	Date:
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PLEASE ATTACH A COPIES OF:

- 1. THE FRONT AND BACK OF YOUR CURRENT DRIVER'S LICENSE**
- 2. A COPY OF THE DECLARATIONS PAGE OF YOUR CURRENT AUTO INSURANCE COVERAGE OR EVIDENCE OF LIABILITY LIMITS ON THE VEHICLE LISTED ABOVE**