

Private Vehicle Application Form

We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask you to answer the following questions. Thank you for your understanding and cooperation.

Owner's Name: _____
Address: _____
City/State/Zip: _____
Vehicle Year/Make/Model: _____
Vehicle Identification Number: _____
License Plate #: _____

Automobile Insurance Company: _____
Agent's Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

**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.**

It is expected that all passengers will adhere to the Iowa safety belt laws and regulations. It is the driver's responsibility to ensure this.

I certify that the information given above is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition. I agree to maintain insurance coverage for the liability limits stated above. I agree to notify you if any of the information changes.

Signature: _____ **Date:** _____