COLONY SPECIALTY

ADDITIONAL EMPLOYEE EXTENSION

22. (continued) List all current Owners, Employees, Drivers Household Members & 1099 Contractors that are not required to carry their own insurance:

Loc #	Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Auto Use*	PAP in Place? Y/N	Violations & Accidents Past Three (3) Years	Full or Part Time	Status**

*** Auto Use:** **A = Furnished a covered auto or any Personal Use of covered autos**
B = Business Use <u>only</u> of covered autos
C = Employee to be <u>excluded</u> as a driver

**** Status:**

1. **Active owner, partner or officer**
2. **Inactive owner, partner or officer**
3. **Lot Person**
4. **Salesperson**
5. **Mechanic**
6. **Clerical**
7. **Spouse of owner, partner or officer**
8. **Child of owner, partner or officer**
9. **Contract/Occasional Driver**
10. **Other:**

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE