



INSURESCAN MGA LLC
1716 Catherine Court
Suite 1D
Auburn, AL 36830

NON-BUSINESS USE AFFIDAVIT

Policy Number

<POLICY NUMBER>
GATEWAY INS. CO.

Policy Type

ALABAMA PRIVATE PASSENGER

Original Policy Period

Inception

<INCEPTION>

Expiration

<EXPIRATION>

Named Insured(s) and Garaging Address:

<NAMED INSURED OR INSUREDS>
<NAMED INSURED ADDRESS1>
<NAMED INSURED ADDRESS2>

For more information please contact:

<AGENCY NAME>
<AGENCY ADDRESS1>
<AGENCY ADDRESS2>

I hereby state that each vehicle listed on this application, and any vehicle endorsed to my policy at a later date is not to be used for delivery, business, or commercial purposes.

Further, I understand and agree that InsureScan MGA LLC will not cover any losses if my vehicle is being used for such purposes.

Name Insured (Please Print)

Date

Insured Signature

Date