



INSURESCAN MGA LLC
P.O. BOX 3005
Auburn, AL 36831

NON-BUSINESS USE AFFIDAVIT

<u>Policy Number</u>	<u>Policy Type</u>	<u>Original Policy Period</u>	
<POLICY NUMBER>	SOUTH CAROLINA PRIVATE PASSENGER	<u>Inception</u>	<u>Expiration</u>
OLD AMERICAN INDEMNITY COMPANY		<INCEPTION>	<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