

ACORD™ SOUTH CAROLINA COMMERCIAL AUTO SUPPLEMENT

PRODUCER	APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	EFFECTIVE DATE
	COMPANY:	
	POLICY #:	

PANEL TRUCKS, PICKUP TRUCKS, VANS OR SIMILAR VEHICLES AFFIDAVIT OF COMMERCIAL USE

VEH #	YEAR	MAKE:	BODY TYPE:
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		MODEL:	V.I.N.:

I am applying for commercial auto insurance coverage for one or more panel trucks, pickup trucks, vans, or similar vehicles. The vehicle(s) is/are described above.

I hereby declare that the vehicle(s) described above is/are used for legitimate commercial purposes in the conduct of my business. I understand that I am providing this affidavit and the attached application for insurance so that the proper classification can be established for my vehicle(s).

I also understand that any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Applicant's Signature _____ Date _____