



PLEASE READ THIS DOCUMENT CAREFULLY

ALL DRIVERS WHO OPERATE ANY OWNED, NON-OWNED, OR HIRED (LEASED, HIRED, RENTED OR BORROWED) EQUIPMENT **MUST** ALSO BE LISTED ON THE POLICY AND MEET INSURANCE COMPANY CRITERIA **PRIOR** TO OPERATING ANY EQUIPMENT.

ALL DRIVERS **MUST** BE REPORTED BEFORE THE INCEPTION DATE OF THE POLICY OR IMMEDIATELY UPON HIRE AND BEFORE OPERATING ANY EQUIPMENT.

DRIVERS **MUST** MEET CERTAIN MINIMUM AGE, EXPERIENCE AND MVR REQUIREMENTS BEFORE THEY CAN BE ACCEPTED AND ENDORSED TO YOUR POLICY. PLEASE CONTACT YOUR AGENT **BEFORE** ALLOWING ANY DRIVER TO OPERATE ANY OF YOUR EQUIPMENT.

FAILURE TO ADD DRIVERS TO YOUR POLICY **MAY** RESULT IN CANCELLATION OF YOUR POLICY OR THE DENIAL OF COVERAGE FOR A LOSS TO A COVERED UNIT SHOULD A CLAIM OCCUR THAT INVOLVES AN UNSCHEDULED DRIVER. DO NOT WAIT UNTIL A CLAIM OCCURS TO REPORT YOUR DRIVER. PLEASE CONTACT YOUR AGENT FOR ADDITIONAL DETAILS REGARDING INSURANCE COMPANY DRIVER ELIGIBILITY FACTORS.

I UNDERSTAND THIS CONDITION AND WILL REPORT ALL DRIVERS BEFORE OPERATING ANY EQUIPMENT. FAILURE TO DO SO MAY RESULT IN DENIAL OF A CLAIM.

Insured Name

Insured Signature

Date