



P.O. Box 2528 | Rancho Cordova, CA 95741-2528 | Fax: (916) 636-0143 | Toll Free: (888) 786-6316

UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

CARE PROVIDER STATEMENT

Policy Number:

Named Insured:

Driver Name: _____

I do not drive or transport patient(s) in the course of my job/occupation, nor will I use the vehicle listed on the policy to transport patient(s). A patient is defined as non-family member. If you care for a family member, please identify the family member and relation to you.

Family Member Name: _____

Relation to You: _____

I declare under penalty of perjury that I do not transport patients/persons being cared for.

I understand that I am purchasing a policy for my personal use only.
I understand and agree that no coverage will be provided under my policy if I am using my personal vehicle for business purposes or to transport patient(s).
I understand that if my job/occupation duties change, I agree to provide in writing my updated job/occupation duties to Stonewood Insurance Services within 5 days.

By signing below, I am stating that the above statements are true and correct.

Signature of Driver _____ Date _____

Signature of Applicant _____ Date _____