



**GARAGING LOCATION CERTIFICATION
TRANSPORTATION SUPPLEMENTAL APPLICATION**

This Garaging Location Certification must be completed and signed by the Named Insured and submitted with the application for insurance.

1. Named Insured: _____

2. Street address of physical location where vehicles are garaged:

Street address

City, State and Zip

Name of insured contact for risk inspection purposes: _____

Phone number of insured for risk inspection purposes: _____

I certify the vehicles to be insured by this policy are parked at the above address when not in use, including overnight after close of business. I understand insurance premiums are developed in part by territories based on garaging location. Misrepresentation of the correct garaging location may result in additional premium charges or in cancellation of the policy:

Named Insured's signature and title: _____

Print name: _____

Policy or Application Number: _____

Date: _____