

Global Century Insurance Brokers, Inc.
NON-OPERATIONAL SUPPLEMENT FORM

(Named Insured/DBA)

EXCLUSION

The Named Insured agrees that the said Policy shall not and does not protect the Named Insured from claims for injury, damage or loss sustained by any person when caused by a motor vehicle not specified in said policy, and if the company shall be obliged to pay any claim that it would not otherwise be obligated to pay but for the attachment of any endorsements required by any State or Federal authority, the Insured agrees to reimburse the company in the amount paid and all sums including costs and expenses which shall have been paid in connection with such claims.

VIN _____ GVW _____ Year _____
Make _____ Body Type _____ Model _____ (such as tractor, trailer)

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VIN _____ GVW _____ Year _____
Make _____ Body Type _____ Model _____ (such as tractor, trailer)

Reason and provide supporting documents _____

(If required, use additional sheet)

(signature)

(date)