

Legacy Insurance Services, Inc.
P.O. Box 50600, Phoenix, AZ 85076-0600
Phone: 480-413-9173 Fax: 480-413-9163

Private Passenger Auto Endorsement
ARIZONA

Underwritten by:
Arizona Auto Insurance Company

Additional Driver Discovery Agreement

By signing below I confirm that I, _____, am the named insured listed on the policy and hereby declare that the person(s) listed below do not currently reside in my household or have regular access to an insured vehicle. I agree that if any person(s) listed below operates, occupies or uses any insured vehicle (listed on my declaration page) in any manner and is involved in an accident or causes any injury to persons or damage to property, then:

- any liability arising as a result may not be covered;
- I may be held legally responsible to pay for all related costs, including injuries to other people and damages to property; and
- Arizona Auto Insurance Company may rescind coverage since policy inception for material misrepresentation and/or insurance fraud.

Name	Gender	Date of Birth	Driver's License	License State
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Named Insured's Signature: _____ **Policy** _____ **Date** _____