

**JPW COMPANIES  
PERSONAL VEHICLE INFORMATION FORM**

**\*\*\*Please Return This Form to HR As Soon As Possible\*\*\***

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

*[ ] Check here if you do not drive*

**Vehicle(s) Driven:**

**Vehicle #1:**

\_\_\_\_\_  
**Year**

\_\_\_\_\_  
**Make**

\_\_\_\_\_  
**Model**

\_\_\_\_\_  
**Lic #**

\_\_\_\_\_  
**Color**

**Vehicle #2:**

\_\_\_\_\_  
**Year**

\_\_\_\_\_  
**Make**

\_\_\_\_\_  
**Model**

\_\_\_\_\_  
**Lic #**

\_\_\_\_\_  
**Color**

**Insurance Company Name:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_

**PLEASE ENCLOSE COPY OF CURRENT INSURANCE CERTIFICATE**

**[ ] Check here if you need the enclosed certificate returned to you.**