

DECLARATION OF OWNED AUTOMOBILES

Company Name: _____

Company Address: _____

By signing below, I certify to the best of my knowledge the above-referenced company (or I, if a sole proprietor):

___ Does not own any automobiles and therefore is exempt from providing "All Owned" Automobile Liability other than Hired and Non-Owned Auto Liability

___ All autos currently covered by my/our insurance policy represent all currently owned or leased autos

If at any time our company (or I, if a sole proprietor) acquires an auto, we will insure it immediately and advise Senior Care Centers by furnishing a new Certificate of Insurance immediately to Global Risk Management Solutions.

I further certify that I am an owner or officer of the above-referenced company and am both in a position to know whether there are any owned automobiles and have the authority to make this declaration on behalf of the above-referenced company.

Signature

Printed Name: _____

Title: _____

Date: _____

