American Reliable Insurance Company®
Farm, Ranch, and Equine

Auto Lay-Up Questionnaire

Named Insured: Policy #:
Location Address:

Vehicle Number	Description	Months Not Used	Days Used Per Year	Miles Per Year

I certify that the above information is true and correct. I have been advised that the Commercial Farm Auto Lay-Up credit for the above listed vehicles is subject to adjustment based upon actual usage. The company has the option to verify usage via audit or inspection.

Insured signature: Date:

Agent's signature: Date: