

INSYST | Insurance Systems & Solutions, Inc.

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## **Auto Dealer Additional Personnel Addendum**

## 8. Personnel and Non-Employee (at this location ONLY): Location No.:

	A.	Personnel Full Name	(m	DOB nm/dd/yy)	Status	Hours	License No.	Vehicle	Furni	ished
1.						FT	PT	Υ	es	No
2.						FT	PT	Υ	es	No
3.						FT	PT	Υ	es	No
4.						FT	PT	Υ	es	No
5.						FT	PT	Υ	es	No
6.						FT	PT	Υ	es	No
7.						FT	PT	Υ	es	No
8.						FT	PT	Υ	es	No
9.						FT	PT	Υ	es	No
10.						FT	PT	Υ	es	No
11.						FT	PT	Υ	es	No
12.						FT	PT	Υ	es	No
13.						FT	PT	Υ	es	No
14.						FT	PT	Υ	es	No
15.						FT	PT	Υ	es	No

(For additional personnel, complete and attach: "Auto Dealer-Additional Personnel Addendum")