



Van Safety Seat Removal Confirmation

In order to help reduce the risk of a serious accident and to keep your insurance premiums as low as possible, please sign and return this form, stating that you agree to remove the rear seat from your 15-passenger vans.

Does your organization agree to remove the rear seat from all owned, leased, or newly acquired 15-passenger vans within 60 days of the date of this notice, and agree not to replace the seat while the policy is in effect?

Yes

No

Organization Name: _____

Policy Number: _____

Signature: _____ Date: _____

Print name: _____

Title/Position: _____

Please return the form in the postage-paid envelope provided, or fax it to: 1-260-483-7525.