



1571 PILOT VIEW
GALLATIN, TN 37066
844.264.8580 • FAX 615.451.9918
WWW.NASTCINSURANCE.COM

Temporary Substitute Auto Information Form

Name Insured: _____ Effective Date: _____

Coverages Needed / Policy Number: _____ Date Returned: _____

Auto Liability: _____

Phys. Damage: _____

Motor Cargo: _____

Scheduled Vehicle On Policy

Year: _____ Make: _____

Vin: _____ Value: _____

REASON: Breakdown Repair Breakdown Servicing "Loss" Breakdown Destruction

Additional Insured: _____

Loss Payee: _____

Replacement Vehicle

Year: _____ Make: _____

Vin: _____ Value: _____

REASON: Breakdown Repair Breakdown Servicing "Loss" Breakdown Destruction

Additional Insured: _____

Loss Payee: _____

NUMBER OF DAYS SUBSTITUTE WILL BE USED: _____ NO MORE THAN: _____ DAYS

Policy Definition: *A Temporary Substitute Auto:*

Any "auto" you do not own while used with the permission of its Owner as a Temporary Substitute for a covered "auto" you own that is out of service because of it's: Breakdown; Repair; Servicing; "Loss"; or Destruction.

** You must provide paperwork for the replacement vehicle from the Lessor along with this form showing the original unit **