

ADDITIONAL INTEREST

| | | | | |
|-------|----------|------------|------------------|-------------|
| VEH # | ADDL INT | LIENHOLDER | NAME AND ADDRESS | LOAN NUMBER |
| | LOSS PAY | REGISTRANT | | |
| | OWNER | | | |
| VEH # | ADDL INT | LIENHOLDER | NAME AND ADDRESS | LOAN NUMBER |
| | LOSS PAY | REGISTRANT | | |
| | OWNER | | | |

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

| | | | | |
|--|-----------------------|-------------------|-----------------------|-----------------------|
| APPLICANT'S EMPLOYER (State nature of business if self-employed) | ADDRESS OF EMPLOYMENT | WORK PHONE NUMBER | YEARS W/ CURR EMPL | YEARS W/ PREV EMPL |
| CO-APPLICANT'S EMPLOYER (State nature of business if self-employed) | ADDRESS OF EMPLOYMENT | WORK PHONE NUMBER | YEARS W/ CURR EMPL | YEARS W/ PREV EMPL |

PRIOR COVERAGE

| | | | |
|----------------------------|--------------------------|-------------------------------------|--|
| PRIOR CARRIER AND PRODUCER | # OF YEARS W/ COMPANY | PRIOR POLICY NUMBER/EXPIRATION DATE | ASSIGNED RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------------------------|--------------------------|-------------------------------------|--|

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO | EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO |
|--|-----|----|---|-----|----|
| 1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? IF YES, (List vehicle number(s) and name(s) as it appears on registration.) | | | 9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number) | | |
| 2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl customized vans/pickups; indicate cost) | | | 10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED? | | |
| 3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) | | | 11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number) | | |
| 4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)? | | | 12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing) | | |
| 5. ANY CAR KEPT AT SCHOOL? | | | 13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | |
| 6. ANY CAR PARKED ON STREET? | | | 14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS? | | |
| 7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer) | | | 15. IS THIS BROKERED BUSINESS TO THE AGENT? | | |
| 8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number) | | | 16. HAS AGENT INSPECTED VEHICLE? | | |
| | | | 17. ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? IF YES, PROVIDE NAME OF PLAN AND PERSONS COVERED IN REMARKS. | | |

REMARKS

ATTACHMENTS

| | | | |
|--|-------------------------------------|-------------------------------|----------------------|
| | <input checked="" type="checkbox"/> | STATE SUPPLEMENT | MOTOR VEHICLE REPORT |
| | <input type="checkbox"/> | YOUNG DRIVER QUESTIONNAIRE | PHOTOGRAPH |
| | <input type="checkbox"/> | DRIVER TRAINING CERTIFICATE | BILL OF SALE |
| | <input type="checkbox"/> | GOOD STUDENT CERTIFICATE | |
| | <input type="checkbox"/> | ANTI-THEFT DEVICE CERTIFICATE | |
| | <input type="checkbox"/> | MEDICAL STATEMENT | |

FOR COMPANY USE ONLY

BINDER/SIGNATURE

| | | |
|-------------------------|-----------------|--|
| INSURANCE BINDER | | IF COVERAGE IS NOT BOUND, COVERAGE WILL COMMENCE UPON ACCEPTANCE OF THE COMPANY. |
| EFFECTIVE DATE | EXPIRATION DATE | IF COVERAGE IS BOUND, THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INS IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. |
| TIME | 12:01 AM | THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. |
| | NOON | |
| COVERAGE IS NOT BOUND | | |

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL, AND THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

| | |
|--|--|
| PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. | HOW LONG HAVE YOU KNOWN THE APPLICANT? |
|--|--|

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

| | | | |
|-----------------------|------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|-----------------------|------|----------------------|--------------------------|