| ACORD _{TM} INDIANA PERSONAL AUTO APPLICATION | | | | | | | | | | | | (Y) | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------|--------------------|-------------|-------------------|--------------------------------|---------------------------|-------------|-------------|----------------------------|---|--|----------------------|-------------|--|---------------------------------|-------------|-------------------|-------|-----------------|------------|--|--|------------|----------------|---------|----------|-------------|-------------------------|--------------|--------|--|--|
| AG | AGENCY | | | | | | | | | API | APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) | | | | | | | | | | | | | • | | | | | | | | | |
| | | | | | | | | NAIC | | | | | | | | | | | | NAIC C | IC CODE | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | TELEPHONE NUMBER | | | | | | | | | | |
| ļ | | | | | | | | | CO | CO/PLAN POL#: | | | | | | | | | | | | | | | | | | | | | | | |
| | DE: | | | | | SUBCOD | E: | | | | | | | | | | | | | | | CT#: | | | 50110 | 3.7 | | | | | | | |
| AGENCY CUSTOMER ID | | | | | | EFFECTIVE DATE EXPIRATION DATE | | | | | | | | BIL | DIRECT MAIL POLICY TO AGENT MAIL POLICY BILL MAIL POLICY TO APPL | | | | | | MENT PLAN | | | | | | | | | | | | |
| | | DENCE | | | | RESIDEN | | | OW | /NED | | REI | NTE |) | | | | GAI | RAG | E LO | CAT | ΓΙΟΝ | IF D | IFF F | ROM | ABO | VE (I | nc | cour | nty & ZI | P) | | |
| CUI | YRS AT ADDR CURR PREVIOUS ADDRESS (If less than 3 years) PREVIOUS ADDRESS (If less than 3 years) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE DESCRIPTION/USE | | | | | | | | | | | | TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: | | | | | | | | | | | | | | | | | | | | | |
| VEH | YI | EAR | | | | MAK | E, MOI | DEL A | ND B | ODY T | YPE | | | | | | | | | | | | | | | HP/C | D LE | ATE ASED | DATE PURCH | NEW/ USED | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 0.440.01 | | | | | | | | | | | | | | | _ | | | | | | | | | | <u> </u> | 222() | | | | |
| VEH | СО | ST NEW | SYMBOL AGE GRE | TEI | RR N | MILE 1 WAY WK/SCHL | # DAYS WEEK | MON | KS ITH U | SAGE | PER- FORM | MULTI- CAR | POO | R G DL A | AR- GED | REA | METE | R | MIL | NUAL EAGE | GO\ DRI | VERN [| DRIVER US | | % (Each | n veh m | ust eq | ual 1 | 00%) | CLAS | ss | | |
| | | | | | | | | - | | | | | | + | + | | | | | | | + | | | | | | + | | | | | |
| | | | | | | | | + | | | | | | | + | | | | | | | + | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEH | PAS SEA | SSIVE T BELT I | AIRBAG DRV/BOTH | BRA | I-LOCK KES 2/4 | ANTI- | THEFT | DEVI | CES | CR | EDITS | AND | SUR | CHAF | RGES | VEH | PAS SEAT | SIVE | r DR | IRBAG V/BOTH | AN BR | TI-LOCK AKES 2/4 | Al | NTI-THE | EFT DE\ | /ICES | CRE | DIT | S AND | SURCHAF | RGES | | |
| | | | | | | | | | | | | | | | | | | | | | | | + | | | | | | | | | | |
| C | OVE | RAGE | S/PREM | лилм Ишм | ıs | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | ERAGES | | | | | | | | LIN | IITS O | IITS OF LIABILITY | | | | | | | | v | VEHICLE # VEHICLE # | | | # VEHICLE # | | | | VEHICLE | # | | | |
| SIN | IGLE | LIMIT LI | ABILITY (C | SL) | | \$ | | | | EA | ACCIE | | | | | | | | | | \$ | \$ \$ | | | | | \$ | | \$ | | | | |
| во | DILY | INJURY | LIABILITY | | | \$ EA PERSOI | | | | | | ON | ON \$ | | | | | EA ACCIDENT | | | \$ | \$ \$ | | | \$ | | | \$ | | | | | |
| PR | OPE | RTY DAM | AGE LIABI | LITY | | \$ EA ACCIDI | | | | | ENT | | | | | | | \$ \$ | | | \$ | | \$ | | | | | | | | | | |
| | | L PAYME | | | OL /DI | \$ | | | | | | | | | EA ACCIDENT | | | | | \$ \$ \$ | | | | \$ \$ | | | \$ \$ | | | | | | |
| | | | TORISTS MOTORIS | | SL/BI SL/BI | \$ | EA PERSON \$ | | | | | | | EA ACCIDENT | | | | | \$ \$ | | | | \$ | | | \$ | | | | | | | |
| | | | TORISTS | | PD | | | | | | | | ENT \$ | | | | DEDUCTIBLE | | | | | \$ \$ | | | | \$ | | | \$ | | | | |
| СС | MPR | EHENSI | /E | | DED | \$ | \$ \$ | | | | | \$ | | | \$ | | | | \$ | \$ \$ | | | | | \$ | | | \$ | | | | | |
| CC | LLIS | ION | | | DED | \$ | | | | | \perp | \$ | | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | | | |
| | | | OUNT STA | ATED | | \$ | | | | \$ | | | | \$ | | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | |
| | | 3 & LABC EXP/REN | | | | \$ | | | | \$ | | | + | \$ | | / | | \$ | | / | \$ | | | \$ | | | \$ | | | \$ | | | |
| | 71110 | LXI /ILLI | TIVE IVE | | | | | | | Ψ | | | | Ψ | | | | ΙΨ | | , | \$ | | | \$ | | | \$ | | | \$ | | | |
| AD | ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium) | | | | | | | |) | POLICY FEE: \$ TOTAL VEHIC | | | | | | OTAL PE | R | | | | | \$ | | | | \$ | | | | | | | |
| | | | | | | | | | | | | | | | E | ESTIMATED TOTAL | | | DEPO | DEPOSIT BA | | | ALANCE [| ALANCE DUE | | | | | | | | | |
| _ | -01 | SENT (| DDIVE | | | NA A TIC | | : | - 11 | ! . ! . | | 0 -1- | | | | /!! | | | 4 | \I - | \$ | .1 | | | \$ | | | | \$ | | | | |
| # | | | S IT APPE | | | | | MAR STAT | DEL T | _ | DATE | | dependents (licensed | | | | | STDT GOOD DRV ACC | | | | | EC PREV BE DATE DRIVERS LICENSE #/LIC | | | | | | STATE SOCIAL SECURITY # | | | | |
| # | | NAME (A | 3 II AFFL | ANS U | IN LIGI | LINGL) | JLA | SIAI | APPLI | 0 | F BIRT | Н | | ,,,, | <u>'</u> | DAIL | LIC | >100 | SIDI | IRAIN (| USEI | DAIL | | NIV LING | LICEN | 3L #/LI | COIA | <u> </u> | 300 | IAL SECO | KIII # | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST YEARS? YES NO IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRV DATE OF | | | | | | | OF ACCIDENT OR CONVICTION | | | | | | | | | PLACE OF ACCIDENT/CONVICTION | | | | | В | BI OR DEATH AMOUNT OF YES NO PROPERTY DAMAGE | | | T OF DAMAGE | | | | | | | | |
| | T | | | | | | | | | | | | | | | | | | | | | | | | | | T | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | ADDITIONAL INT | EREST | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|-----------------------------|--|--|---|---|---------------------------------|---|------------------------------------|------------------|------------------|--|--|--|--|--|
| ADDITION MARK AND ADDITIONS LANG MARKERS LA | ADDL IN I | | SS | | | | | | | | LOAN NUMBER | ₹ | | | | | | | |
| REPLICATION ENTO MINOR MATTON (* If less than 2 years, provide name of previous employer and previous occupation under Remarks) APPLICATION FOR COMPANY OF the deploying) ADDRESS OF EMPLOYMENT ADDRESS OF EMPLOYMENT ADDRESS OF EMPLOYMENT BY NO CASHER AND PRODUCES ***CONTRACT **CONTRACT * | VE11# | NAME AND ADDRES | SS | | | | LOAN NUMBER | ₹ | | | | | | | | | | | |
| ADDITIONAL OF SERVICIONES ADDITIONAL SERVICION | LOSS PAY | , | | | | | | | | | | | | | | | | | |
| State nature of business it self-employed ADDRESS OF EURLOYMENT WORM PHONE NUMBER STATE STA | EMPLOYMENT II | NFORMATION (* | | | | f pre | evious | employer and previous o | | | | | | | | | | | |
| Size name of business \$ settlempiopoly | | | Al | DDRESS OF EMPLOYMEN | Т | | | | WORK | PHON | E NUMBER | YEARS W/ CURR EMPL* | YEA PRE\ | .RS W/ / EMPL | | | | | |
| GENERAL INFORMATION CONTAINAL TEST RESPONSES IN REMARKS VES NO | | | Al | DDRESS OF EMPLOYMEN | Т | | | | WORK | WORK PHONE NUMBER | | | YEA PRE\ | .RS W/ / EMPI | | | | | |
| GENERAL INFORMATION CONTAINAL TEST RESPONSES IN REMARKS VES NO | PRIOR COVERA | GF | I | | | | | | | | | | | | | | | | |
| EPILAN ALL "YES" RESPONSES IN REMARKS YES NO EXPLANA ALL "YES" RESPONSES IN REMARKS YES NO | | _ | | | , | # OF W/ CO | YEARS MPANY | PRIOR POLICY NUMBER/EXPIRA | ATION DATE | | | | | | | | | | |
| 1. HITTHE EXCEPTION OF ANY PROJUBINATIONS (ALL PROVIDED BY AND RESIDENCE TO THE ARY CARRIAGO THE CONTROL OF TH | GENERAL INFO | RMATION | | | | | | | | | | | | | | | | | |
| ANY CAR MODERNO SPECIAL COMPANY TO CHILD CONTROL OF A PRILAMENT OF ANY CARRY MODERNO SPECIAL COMPANY TO CHILD CONTROL OF A PRILAMENT OF A PRILAMENT OF ANY CARRY OF A PRILAMENT OF ANY CARRY OF A PRILAMENT OF A PRILAME | EXPLAIN ALL "YES" RE | SPONSES IN REMARK | ks | | YES | NO | EXPLAIN | N ALL "YES" RESPONSES IN REMA | ARKS | | | ١ | /ES | NO | | | | | |
| 2. ANY CAR MODIFIEDSPECIAL EQUIPMENT (Include automated vanishidups), indicate could be a control of the include for an inconference with a control of the include automated vanishidups). 3. ANY ESSISTING DAMAGE TO VERICLE? (include damaged gass). 3. ANY ESSISTING DAMAGE TO VERICLE? (include damaged gass). 3. ANY CAR REPT AT SCHOOL? 5. ANY CAR REPT AT SCHOOL? 6. ANY OTHER REJURANCE IN HOUSEHOLD? (include any provided by employer). 7. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 7. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 8. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 8. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 8. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY CAR REPT AT SCHOOL? 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 9. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 10. ANY OTHER REJURANCE WITH THIS COMPANY? (list goldy number). 11. BUSURANCE BOOK THE REJURANCE WITH THIS COMPANY? (list goldy number). 12. ANY DEAL REJURA | 1. WITH THE EXCEPTION | ON OF ANY ENCUMBR | ANCES, ARE ANY VE | EHICLES | | | 9. ANY | HOUSEHOLD MEMBER IN MILITAI | r number) | umber) | | | | | | | | | |
| 3.AM CORRECT LOSSES NOLDRADE TO VERICLE? (Include danisged glass) 4. AMY OTHER LOSSES NOLDRADE (pier strown in Academic Conviction small) 5. AMY CAR PERF 1AT SCHOOL? 6. AMY CAR PERF 1AT SCHOOL? 6. AMY CAR PERF 1AT SCHOOL? 6. AMY CAR PERF 1AT SCHOOL? 7. AMY OTHER AND INJURIANCE INFORMATION SULPANCE INFORMATION SCHOOL PROBLEM. 8. AMY OTHER DISSURANCE WITH THIS COMPANY? (Lits polecy number) 8. AMY OTHER DISSURANCE WITH THIS COMPANY? (Lits polecy number) 8. AMY OTHER DISSURANCE WITH THIS COMPANY? (Lits polecy number) 8. AMY OTHER DISSURANCE WITH THIS COMPANY? (Lits polecy number) 8. AMY OTHER DISSURANCE WITH THIS COMPANY? (Lits polecy number) 9. AMY CAR PERF 1AT SCHOOL? 9. AMY OTHER DISSURANCE WITH THIS COMPANY? (Lits polecy number) 9. AMY OTHER DISSURANCE WITH THIS COMPANY? (Lits polecy number) 9. AMY OTHER DISSURANCE WITH THIS COMPANY? (Lits polecy number) 9. AMY CAR PERF 1AT SCHOOL? 9. AMY CAR PERF 1AT SCHOOL? 10. AMY CAR | | | | | | | 10. ANY | | | | | | | | | | | | |
| ANY CHER LOSSES BROURSED (not shown in Accident/Conniction areas)? 5. ANY CAR KEET AT SCHOOL? 5. ANY CAR KEET AT SCHOOL? 6. ANY CAR PASKED ON STREET? 7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (include any provided by employer) 10. 14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LOST 3 TEAMS? 8. ANY OTHER RINSPACE WITH THIS COMPANY? (List policy number) 10. 16. HAS AGENT INSPECTED VEHICLE? 8. ANY OTHER RINSPACE WITH THIS COMPANY? (List policy number) 10. 16. HAS AGENT INSPECTED VEHICLE? 8. ANY OTHER RINSPACE WITH THIS COMPANY? (List policy number) 10. 16. HAS AGENT INSPECTED VEHICLE? 8. ATT ACHMENTS 8. DIRVERT TRAINING CERTIFICATE 9. DIRVERT TRAINING CERTI | 2. ANY CAR MODIFIED/S | SPECIAL EQUIPMENT? | ? (Include customized | vans/pickups; indicate cost) | | | 11. ANY | DRIVER HAVE PHYSICAL/MENTAL | st driver number) | | | | | | | | | | |
| 5. ANY CAR KEPT AT SCHOOL? 6. ANY CAR PARKED ON STREET? 6. ANY CAR PARKED ON STREAM? 6. ANY C | 3. ANY EXISTING DAMA | AGE TO VEHICLE? (Inc | clude damaged glass) | | | | 12. ANY | FINANCIAL RESPONSIBILITY FILI | NG? (Driver n | umber a | and date of filing) | | _ | | | | | | |
| EARLY CARE PARKED ON STREET? 7. ANY OTHER AUTO BUSINESS TO THE AGENT? 8. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ATTACHMENTS 8. ATTACHMENTS 9. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ATTACHMENTS 9. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 8. ATTACHMENTS 9. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 9. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 9. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS COMPANY? (Just policy runnber) 1. ANY OTHER RUSHANGE WITH THIS RUSHANGE SEARCH RUSHAN | 4. ANY OTHER LOSSES | S INCURRED (not show | n in Accident/Convict | on area)? | | | 13. HAS | INSURANCE BEEN TRANSFERRE | D WITHIN AG | ENCY? | ? | | | | | | | | |
| THE COMPANY BINDS THE KNDDS OF THE POLICY BINDER IS SUBJECT TO THE TERMS CONDITIONS AND LIMITATIONS OF THE POLICY GENERAL SIN DISC BY THE COMPANY. THE BINDER MAY BE CANCELLED BY THE COMPANY. THE BINDER MAY BE CANCELLED BY THE COMPANY. THE BINDER MAY BE CANCELLED BY THE POLICY GENERAL BINDER MAY BE CANCELLED WHEN DESTOR TO THE PRESIDENT BINDER MAY BE CANCELLED BY THE COMPANY. THE BINDER BY THE COMPANY. THE BINDER BY THE COMPANY. THE BINDER BY COMPANY. THE BINDER BY THE COMPANY | 5. ANY CAR KEPT AT S | CHOOL? | | | | | | | .ED, OR NON | -RENE | WED DURING TH | HE | | | | | | | |
| REMARKS SATTACHMENTS | | | | | | | | | | | | | \dashv | | | | | | |
| REMARKS ATTACHMENTS YOUNG DRIVER TURNING CERTIFICATE ANTI-THEFT DEVICE CERTIFICATE MOTOR VEHICLE REPORT PHOTOGRAPH BILLOF SALE BINDER/SIGNATURE IF THE 'BINDER' BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION, THIS INSURANCE IS SUBJECT THIS BINDER MAY BE CANCELLED BY THE HIS DEVICE THE SUBJECT BY SUBREAUED FOR BY WRITTEN WOTOR TO THE COMPANY THIS BINDER MAY BE CANCELLED BY THE INSURED BY SUBREAUED FOR BY WRITTEN WOTOR TO THE COMPANY STATING WHEN CANCELLED WITH THE POLICY COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER BY WRITTEN WOTOR TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER BY WRITTEN WOTOR TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER BY WRITTEN WOTOR TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER BY WRITTEN WOTOR TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER BY WRITTEN WOTOR TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER BY WRITTEN WOTOR TO THE COMPANY STATING WHEN CANCELLED WITH THE POLICY OF THE RUPPE OF THE COMPANY STATING WHEN CANCELLED WITH THE POLICY OF THE RUPPE OF THE RUP | | | | | | | | | AGENT? | | | | _ | | | | | | |
| BINDER/SIGNATURE SINDER/SIGNATURE MEDICAS, STATEMENT MOTOR VEHICLE REPORT PHOTOGRAPH FOR COMPANY USE ONLY BINDER/SIGNATURE SINDER/SIGNATURE MEDICAS, STATEMENT MOTOR VEHICLE REPORT PHOTOGRAPH FOR COMPANY USE ONLY BILL OF SALE IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY. THIS COMPANY BINDS THE KINDIGS OF INSURANCE STIPULATED ON THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN DEPOLICY(TES) IN THE COMPANY. THIS EINDER MAY BE CANCELLED BY THE INSURED BY SUURRENDER OF THIS BINDER OR BY WHITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE THIS BEFECTIVE THIS COMPANY. NOTICE OF INSURANCE INFORMATION PRACTICES IN CONDENS AND CARTES AND PARTS IN USE BY THE COMPANY. NOTICE OF INSURANCE INFORMATION PRACTICES IN CONDENS ACCOUNTED TO THE SHINDER MAY BE CANCELLED BY THE INSURED BY SUURRENDER OF THIS BINDER MAY BE CANCELLED BY THE INSURED BY SUURRENDER OF THIS BINDER MAY BE CANCELLED BY THE INSURED BY SUURRENDER OF THIS BINDER MAY BE CANCELLED BY THE INSURED BY SUURRENDER OF THIS BINDER MAY BE CANCELLED BY THE INSURED BY SUURRENDER OF THIS BINDER MAY BE CANCELLED BY THE INSURED BY SUURRENDER OF THIS BINDER MAY BE CANCELLED BY THE INSURED BY SUURRENDER OF THIS BINDER MAY BE CANCELLED BY THE COMPANY. NOTICE OF INSURANCE INFORMATION PRACTICES IN CONDENS AND CARTES IN OTHER DEATH ON WILL BE FEFFECTIVE THIS BY BY THE COMPANY. NOTICE OF INSURANCE SECOND THIS BINDER ACCORDING TO THE RELIES AND RATES IN USE BY THE COMPANY. IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RELIES AND RATES IN USE AT THIS POPENT OF THE PREMIUM BY THE PROPERT OF THE PREMIUM BY THE COMPANY. NOTICE OF INSURANCE SCORE SUCH INFORMATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUICED PREMIUM BY A PREMIUM FOR THE BINDER ACCORDING TO THE REMAINS AND RATES IN THE PROPERT OF REMAINS AND A PREMIUM FOR THE BINDER AND A PREMIUM FOR THE BINDE | | NCE WITH THIS COME | PANY? (List policy nu | mber) | | | 16. HAS | AGENT INSPECTED VEHICLE? | | ATT | ACUMENTO | | | | | | | | |
| BINDER/SIGNATURE SUBMANCE BINDER | KEWIAKKS | | | | | | | | | | | | INI A IE | | | | | | |
| FOR COMPANY USE ONLY BINDER/SIGNATURE MSURANCE BINDER IF THE 'BINDER' BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY. THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND ILINITATIONS OF THE POLICY (TIES OF | | | | | | | | | | | | | | | | | | | |
| BINDER/SIGNATURE MOTOR VENELICE REPORT PHOTOGRAPH | | | | | | | | | | | | | | | | | | | |
| FOR COMPANY USE ONLY FOR COMPANY USE ONLY | | | | | | | | | | | | | | | | | | | |
| FOR COMPANY USE ONLY PHOTOGRAPH BILL OF SALE | | | | | | | | | | | | | | | | | | | |
| BINDER/SIGNATURE IF THE 'BINDER' BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: EFFECTIVE DATE EXPIRATION DATE THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLLOY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OF BY WRITTEN NOTICE TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED BY SURRENDER OF THIS BINDER MAY BE CANCELLED WHEN AND AND AND AND AND AND AND AND AND AN | | | | N | MOTOR VEHICLE REPORT | | | | | | | | | | | | | | |
| BINDER/SIGNATURE INSURANCE BINDER IF THE 'BINDER' BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE INSURED BY SUBJECT TO THE INSURANCE SUBJECT THE THE INSURANCE SUBJECT THE INSURANCE SUBJECT THE INSURANCE SUBJECT TO THE INSURANCE SUBJECT THE INSURANCE | | | | | | | PHOTOGRAPH | | | | | | | | | | | | |
| INSURANCE BINDER FTHE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS EXPIRATION DATE EXPIRATION DATE EXPIRATION DATE THE KOMPANY BINDS THE KINDIS) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY (IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER OR BY WRITTEN NOTICE TO 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 SHE COMPANY SHE COMPANY SHE PLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY THE COMPANY SHE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION OF A PREMIUM IS SUBJECT TO THE PREFACE BY A POLICY. THE COMPANY SENTILE PREMIUM IS SUBJECT THE PRESON FILES AND CREDIT REPORT OR BORKET AND ADJUSTMENT OF A PREMIUM IS SUBJECT THE PRESON FILES AND PRIVILEGED INFORMATION IN QUEST. CONTAINS ON THE PRESON FILES AND PRIVILEGED INFORMATION IN QUEST. CONTAINS ON THE PRESON FILES AND ADJUSTMENT OF INSURANCE COMPANY AND THE ARBORDAY OF ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE AND | FOR COMPANY USE OF | NLY | | | | | | | - | E | BILL OF SALE | | | | | | | | |
| INSURANCE BINDER FTHE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS EXPIRATION DATE EXPIRATION DATE EXPIRATION DATE THE KOMPANY BINDS THE KINDIS) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY (IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER OR BY WRITTEN NOTICE TO 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 SHE COMPANY SHE COMPANY SHE PLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY THE COMPANY SHE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION OF A PREMIUM IS SUBJECT TO THE PREFACE BY A POLICY. THE COMPANY SENTILE PREMIUM IS SUBJECT THE PRESON FILES AND CREDIT REPORT OR BORKET AND ADJUSTMENT OF A PREMIUM IS SUBJECT THE PRESON FILES AND PRIVILEGED INFORMATION IN QUEST. CONTAINS ON THE PRESON FILES AND PRIVILEGED INFORMATION IN QUEST. CONTAINS ON THE PRESON FILES AND ADJUSTMENT OF INSURANCE COMPANY AND THE ARBORDAY OF ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE AND | | | | | | | | | | | | | | | | | | | |
| EFFECTIVE DATE SPIRATION DATE THIS COMPANY BINDS THE KINDIGS OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERROR. CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. TO THE TERROR. CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE OT THE COMPANY STATING WHEN CANCELLED BY A POLICY. FITHS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLED BY A POLICY. FITHS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLED BY A POLICY. FITHS BINDER MAY BE CANCELLED BY THE COMPANY. **NOTICE OF INSURANCE INFORMATION PRACTICES.** IN CONNECTION WITH THIS BY A POLICY. THE COMPANY. THE COMPANY. THE COMPANY. THE COMPANY STATING WHEN CANCELLED BY A POLICY. THE COMPANY. THE COMPANY STATING WAS A CREDIT BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THIS DASED INSURANCE SCORE. SUCH INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THIS DASED TO THE COMPANY. THE COMPANY. THE COMPANY. THE COMPANY STATING PROPRIED AND THE PRESON AND INSURANCE BY A POLICY. THE COMPANY STATING PROPRIED TO THE COMPANY OR A THIRD PARTIES. AND CAN REQUEST CONTACT ON FAND AND AND AND CENTRAL PROPRIED AND THE PRESON AND THE REPORT ON FILES AND APPLICATION OF CONTACT ON FAND AND AND AND AND AND AND AND AND AND | | | LE THE IDNABLE | W DOV TO THE LEFT | 10.0 | 01.15 | LETER | THE FOLLOWING CONDITIO | NO 4 DDI 1 | | | | | | | | | | |
| TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. TIME 12:01 AM | | | | | | | | | | | IS INSURANC | E IS SU | BJE | СТ | | | | | |
| 12:01 AM NON | LITECTIVE DATE | EXPIRATION DATE | TO THE TERMS | S, CONDITIONS AND L MAY BE CANCELLED | .imit By T | ATIC | ONS OF T INSURE | THE POLICY(IES) IN CURRE D BY SURRENDER OF THIS | NT USE BY S BINDER (| THE OR BY | COMPANY. / WRITTEN N | OTICE T | οт | HE | | | | | |
| COVERAGE IS NOT BOUND REMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. NOTICE OF INSURANCE INFORMATION PRACTICES - IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR INSURANCE SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION IN CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES, 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. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OF CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, 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 (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS IN MY POL | TIME | BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITION | | | | | | | | | | ONS. THIS BINDER IS CANCELLED WHEN | | | | | | | |
| COVERAGE IS NOT BOUND SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. NOTICE OF INSURANCE INFORMATION PRACTICES - IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR INSURANCE SCORE. 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. 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. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. 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 ARTES FOR 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. I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERSINSURED MOTORISTS (UM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORIS | | | | | | | | | | | | | | | | | | | |
| ROUSE A CREDIT BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR INSURANCE SCORE. 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. 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. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. 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 SNON-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 HOW LONG HAVE YOU APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UIM) BODILLY INJURY COVERAGE (BII), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPO) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS I HAVE SELECTED ARE LE | | | SUBJECT TO V | ERIFICATION AND AD | JUS | TME | NT, WH | EN NECESSARY, BY THE CO | MPANY. | | | | | | | | | | |
| CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. 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. I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY L | OR USE A CREDIT I WITH THE DEVELO OR OUR AGENTS M FILES AND CAN RE | BASED INSURANCI PMENT OF YOUR I IAY IN CERTAIN CII EQUEST CORRECT | E SCORE BASED NSURANCE SCO RCUMSTANCES E FION OF ANY INA | ON THE INFORMATIC RE. SUCH INFORMAT BE DISCLOSED TO TH ACCURACIES. A MORI | ON C TION IRD E DE | ONTA AS V PAR ETAIL | AINED IN WELL AS TIES. YO LED DES | N THAT CREDIT REPORT. W S OTHER PERSONAL AND PE DU HAVE THE RIGHT TO REV SCRIPTION OF YOUR RIGHT | E MAY USE RIVILEGED IEW YOUR 'S AND OU | E A TH INFOF PERS R PR | HIRD PARTY IN RMATION COL SONAL INFORM ACTICES REG | N CONNE LECTED MATION I | CTI BY N O | ON US UR | | | | | |
| 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: I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS I HAVE SELECTED ARE LESS THAN \$50,000 EACH ACCIDENT, I HAVE BEEN OFFERED UIMBI OF \$50,000. 1. I SELECT UMBI, UIMBI AND UMPD LIMITS SHOWN ON THIS APPLICATION. 2. I REJECT UMBI COVERAGE IN ITS ENTIRETY. (INITIALS) 3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY. (INITIALS) I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. | CONTAINING ANY | MATERIALLY FALS | SE INFORMATION | N OR CONCEALS FO | RT | HE F | PURPOS | E OF MISLEADING INFORM | IATION CO | NCER | NING ANY F | | | | | | | | |
| PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT. I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS IN | COMPLETE AND CO THE POLICY FOR W UNDERSTAND THE | ORRECT TO THE BE VHICH I AM APPLY RATES FOR THIS | EST OF MY KNOV ING. IN ADDITION COVERAGE ARI | /LEDGE AND BELIEF. ' N, IF THE AUTO PLAN E HIGHER THAN NOR | THIS OR | S INF | ORMATI IPANY D | ON IS BEING OFFERED TO T ESIGNATED IN THIS APPLIC | HE COMPA ATION IS N | NY AS | S AN INDUCEN TANDARD, I C | MENT TO CERTIFY | ISS THA | UÉ AT I | | | | | |
| APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF TH | | | | | ND I | BELI | EF THAT | THE SIGNATURE OF THE | HOW LC | NG H | AVE YOU | | | | | | | | |
| COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS IN MY POLI | | APPLICA | ANT IS THE PERS | ONAL SIGNATURE OF | THE | APP | PLICANT | • | KNOWN | THE / | APPLICANT? | | | | | | | | |
| 2. I REJECT UMBI COVERAGE IN ITS ENTIRETY. (INITIALS) 4. I REJECT UMPD COVERAGE IN ITS ENTIRETY. (INITIALS) 3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY. (INITIALS) I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. | COVERAGE (BI), A | AND UNINSURED | MOTORISTS PR | OPERTY DAMAGE C | COVI | ERAG | GE (UM | PD) UP`TO´THE LIABILITY | | | | | | | | | | | |
| 3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY. (INITIALS) I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. | | | | | | | | | | | | | | | | | | | |
| I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. | | | _ | ` | , | 4. I REJECT UMPD COVERAGE IN ITS ENTIRETY. (INITIA | | | | | | | _S) | | | | | | |
| | I UNDERSTAND TH | AT THE COVERAG | E SELECTION AN | ND LIMIT CHOICES IN | , | ATED | HERE | WILL APPLY TO ALL FUTURI | E POLICY F | RENE\ | WALS, CONTI | NOITAUN | S A | ND | | | | | |
| | | | IEKWISE IN WRIT | | | PROD | DUCER'S | SIGNATURE | | | NATIONAL PR | RODUCER | NUM | BER | | | | | |