	A	CO	$RD_{_{TM}}$	CA	LI	F	OR	NIA	۱P	EF	RS	Ol	NAI	L	4	JT	0	AP	P	PLIC	;A	TIC	N					DATE	
PRODUCER							APF	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)												•									
																							N	IAIC CO	DE				
																									ONE N	UMBE	R		
											CO	/PLAN	1							POL#:									
Со	DE:				SUE	BCOD	E:													ACCT#:									
AG	ENCY	CUSTO	MER ID								EF	FECT	TIVE DAT	E	EXP	IRATIC	ON D	ATE		DIRECT BILL	. L	TO A	- POLIC AGENT		MENT	PLAN	1		
																				AGENCY BILL		TO A							
		ENCE		CURRENT					WNED		REI	NTED					\RA	AGE LO	<u>oc</u>	ATION	IF I	DIFF F	ROM	ABO\	/E (I	nc c	oun	ty & ZIF	P)
CU	RR PI	PEV P	REVIOUS A	ADDRESS (I	lf less	than	3 years	)								VEH #													
<u> </u>																													
VEHICLE DESCRIPTION/USE														_		TOTA	AL N	UMBER (	٥F ۱	VEHICLES	IN H	OUSEHO	DLD:			DATE DATE			NEW/
VEH YEAR MAKE, MODEL AND BODY TYPE									VIN/REG							IN/REGIS	STE	RED STAT	TE			HP/CC LEASE			D	PURCH USI			
Н																													-
Н																									_		+		+
Н																								+			+		+
Н			SYMBOL		MII F 1	1 WAY	# DAYS	# WKS		PER-	MULTI-	CAR	GAR-	OD	OME	TFR	FS	T ANN FU	JT	T GOVERN DRIVER USE % (E				Fach yeh mus		st equal 100%)			
VEH	cos	TNEW	SYMBOL AGE GRP	TERR	WK/S	SCHL	WEEK	MONTH	USAGE	FORM	CAR	POOL	AGED	RI	EADIN	vG'`	Ň	ILEAGE	-	DRIVER	Divit	LIKOOL	/ (Lac	Venne	Jac equ	100	,,0,	CLAS	ss
Н			-										+						_										
Н			-										+						_										
Н			-										+						_				-	-		_			
Н	DASS	SIVE	AIRBAG	ANTI-LOCK										_	Р	A SSIVE	- 1	AIRRAG	2	ANTI-LOCK	ĸ								
VEH	SEAT	BĚĽT I	AIRBAG DRV/BOTH	BRAKES 2/	4 A	ANTI-1	THEFT	DEVICES	S CF	REDITS	AND	SURC	HARGES	VE	H SE	AT BEI	ĒT [	AIRBAG DRV/BOT	ŕн	BRAKES 2/	14	ANTI-THE	EFT DE	VICES	CRI	EDITS	AND	SURCHAR	RGES
Н					_									-			-		_		-								
Ų			0/225																										
C	OVE		S/PREM	NUMS	_																								
						ITS OF LIABILITY								VEHICLE# VEHICLE								VEHICLE	#						
SINGLE LIMIT LIABILITY (CSL) \$ EA ACCIDE														\$ \$				\$				\$							
BODILY INJURY LIABILITY \$ EA PERS														\$ \$				\$				\$							
PROPERTY DAMAGE LIABILITY \$ EA ACCIDE													\$ \$				\$				\$								
MEDICAL PAYMENTS \$ EA PERSO														\$ \$				\$				\$							
 	INSUR	FD		CSL						ACCII										\$		\$			\$			\$	
	TORIS			ВІ	H					PERS	ON	- \$					EA A	ACCIDEN	IT.										
<u> </u>				D - EA ACC	+	\$			\$			-	\$			\$				\$		\$			\$			\$	
$\vdash$		HENSIV	′Ε	DED		\$		_	\$				\$			\$				\$		\$			\$			\$	
WA	LLISIC	OF COL	LISION DEI	DED DUCTIBLE		\$			\$				\$			\$	_			\$		\$			\$			\$	
$\overline{}$		pplicab		TED	++							+	•							\$		\$			\$			\$	
			OUNT STA	ILED	$\top$	\$			\$				\$			\$				\$		\$			\$			\$	
		& LABO			$\top$	\$			\$				\$	1		\$		1		\$		\$			\$			\$	
H IR	ANS E	XP/KEN	TAL RE		++-	\$			\$			$\perp \perp$	\$			\$				\$		\$			\$ \$			\$	
AD	MOITIO	NAL CO	/ERAGES/	ENDORSE	MENT	rs (Inc	clude lim	nit. deduc	tible, pr	emium	)	DOL I	CY FEE:	•				TOTAL F	PER	•		\$			ֆ \$			\$ \$	
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)						' L	POLICY FEE: \$ VEHICLE						<u>LE</u>		TOTAL		DEPO				→ ALANCE [	DUE							
																				\$			\$						
لب RI	SID	ENT 8	DRIVE	R INFO	RM∆	\TIO	N II i	st all r	eside	nts !	R der	en/	lents /	lice	nse	d or r	not	) and r	eu		era	tors1	ΙΨ				\$		
				N LICENSE)				DA OF B	TF		CC		ATE LIC			D DRV			Ā	CC PREV	$\neg$	DRIVERS	SLICEN	ISF #/I IC	STA	re l	soc	IAL SECU	RITY#
	10.000	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	O_X	SIAI	APPLIC	UF B	KIR				TIL LIO	>10	טופ ט	IRAIN	DKV	DRV	U.	SE DATE		DIVIVENC	LIGE	IOL III LIC	017	_	-	IAL OLOG	14111 #
																		1											
																		1	H										
														+	+	+		1			$\top$								
<u>Д</u>	CID	ENTS	/CONVI	CTIONS	(No	ote:	Your	drivin	a rec	ord i	s ver	ified	d with	the	state	e mo	tor	vehicl	le r	departn	nen	t)							
HA	S ANY	DRIVER	SHOWN A	BOVE HAD OR BEEN	AN A	ACCIE	DENT.									'EARS'			/ES		10	IF YES	, INDIC	ATE BEL	OW. A	LSO I	NCLU	JDE	
DR	V	D	ATE OF T/CONVIC		CON	IVIC I I	ᄓ						IHE LAS				<u> </u>	<u>' ' '</u>					ACE O	F	В	I OR DE	ATH	S. AMOUN PROPERTY I	T OF
#	A	CIDEN	I/CONVIC	IION							. J. A.											CCIDEN	I/CON	VICTION	Y	ES	NU	. NOI ENTI	-AMAGE
													OMBI					0:5=										ATION	

VEH#	ADDL INT	NAME AND ADDRES	s									LOAN NUMBE	R					
	LOSS PAY																	
'EH#													LOAN NUMBER					
	LOSS PAY																	
			If less than	2 years, provide nan	ne of	pre	vious en	nplo	yer and previous occ	cupatio	n un	der Remarks)						
PPLICAN State natu	NT'S EMPLOY ure of busines	ER s if self-employed)		ADDRESS OF EMPLOYME	NT					WOI	RK PH	ONE NUMBER	YEARS W	YEAR L* PREV				
O ADDI I	CANT'S EMDI	OVER										VEADOW	VEAR					
State natu	ure of busines	OYER s if self-employed)		ADDRESS OF EMPLOYME	NT					WOF	RK PH	ONE NUMBER	YEARS W	L* PREV				
PIOP	COVERAG	25																
	RRIER AND P					# OF	YEARS	PRIO	R POLICY NUMBER/EXPIRA	TION DATE								
						W/C	DWPANY											
ENER	RAL INFOR	RMATION																
XPLAIN /	ALL "YES" RE	SPONSES IN REMARK	s		YES	NO	EXPLAIN	ALL "	YES" RESPONSES IN REMAR	RKS				YES				
. WITH TH	HE EXCEPTIO	N OF ANY ENCUMBRA	NCES, ARE ANY	VEHICLES			9. ANY F	OUSE	HOLD MEMBER IN MILITAR	Y SERVICE	? (Driv	ver number)						
		BY AND REGISTERED					10. ANY E	RIVE	RS LICENSE BEEN SUSPEND									
ANY CA	R MODIFIED/S	SPECIAL EQUIPMENT?	(Incl customized	vans/pickups; indicate cost)			11. ANY [	RIVE	R HAVE PHYSICAL/MENTAL	IMPAIRME	NT? (L	ist driver number)		$\sqcup$				
		GE TO VEHICLE? (Inclu		,	+	_			CIAL RESPONSIBILITY FILING	,				$\vdash$				
		INCURRED (not shown	in Accident/Conv	iction area)?	+	-			ANCE BEEN TRANSFERRED RAGE DECLINED, CANCELLE				E	$\vdash$				
	R KEPT AT SC				_		LAST	3 YEA	RS?	,		EVVED BOKING TH		-				
	R PARKED ON		101.00 // 1.1		+	-			OKERED BUSINESS TO THE	AGENT?				$\vdash$				
			,	y provided by employer)	+	$\vdash$	17. ANY N	OTO	INSPECTED VEHICLE? RCYCLES TO BE INSURED? (	(Indicate dr	iver nu	mbers, and provide						
REMAF		NCE WITH THIS COMPA	ANY? (LIST POLICY	number)			numb		ears licensed to drive motorcyc TTACHMENTS	les)								
<u> </u>	····							$\overrightarrow{\top}$	STATE SUPPLEMENT			MEDICAL STATE	MENT					
									YOUNG DRIVER QUESTION	ONNAIRE	T	MOTOR VEHICLE						
								DRIVER TRAINING CERTIFICATE P				PHOTOGRAPH	PHOTOGRAPH					
									GOOD STUDENT CERTIFI	ICATE		BILL OF SALE						
OR COM	PANY USE ON	LY:							ANTI-THEFT DEVICE CER	TIFICATE								
INDE	R/SIGNAT	URE																
	INSURANCE								DLLOWING CONDITIONS PULATED ON THIS AP			THIS INICIIDANIC	יב ופ פו	ID IE				
EFFECT	IVE DATE	EXPIRATION DATE	TO THE TER	MS, CONDITIONS AND	LIMIT	ATIC	NS OF TH	IE PO	DLICY(IES) IN CURRENT	USE BY	THE	COMPANY.						
т.	IME		THIS BINDE	R MAY BE CANCELLEI STATING WHEN CANC	D BY ELLA	THE	INSUREI WILL BI	BY E EF	SURRENDER OF THIS FECTIVE. THIS BINDER	BINDER R MAY E	OR ECA	BY WRITTEN N NCELLED BY	IOTICE THE CO	TO TH				
		12:01 AM							THE POLICY CONDITION  ACED BY A POLICY, TO									
601	VEDACE ICAK	NOON	PREMIUM F	OR THE BINDER ACCO	RDIN	G TC	THE RU	LES.	AND RATES IN USE BY	THE CO								
	VERAGE IS NO F INSURANCE	INFORMATION PRAC		O VERIFICATION AND A	DJUS	IIVIE	NI, WHE	NINE	CESSARY, BY THE COM	IPANY.								
PERSON	NAL INFORM	MATION ABOUT YO	OU, INCLUDIN	IG INFORMATION FRO	M A	CRE	DIT REPO	ORT,	MAY BE COLLECTED F D BY US OR OUR AG	FROM PI	ERSC	ONS OTHER TH	AN YOU	SUC				
BE DISC	CLOSED TO	THIRD PARTIES.	. YOU HAVE	THE RIGHT TO REVIE	EW Y	OUR	PERSON	IAL I	INFORMATION IN OUR	FILES /	AND	CAN REQUEST	CORRI	ECTIC				
				OR INSTRUCTION ON H					ACTICES REGARDING EST TO US.	SUCH II	NFOR	MATION IS AV	AILABLE	: UPC				
N ADDI	TION, ANY	PERSON WHO KI	NOWINGLY M	AKES AN APPLICATIO	N FO	R M	OTOR VE	HICL	E INSURANCE COVER ANT RESIDES OR IS D	RAGE CO	NTA	INING ANY STA	TEMEN	T TH/				
TATE, I	IS SUBJECT	TO CRIMINAL AND	CIVIL PENAL	TIES.	1 1710	, ,	11/(1 /(1 1	LIO	WY REGIDEO OR IO D	OWNOILL	J 111	A GIAIL GIII						
									S. I DECLARE THAT T									
									INFORMATION IS BEI ITO PLAN OR COMPAI									
ION-ST	ANDARD, I	CERTIFY THAT I	UNDERSTAN		HIS (	COVE	ERAGE A	RE H	HIGHER THAN NORMAI									
				CTICES (PRIVACY) HAS TOF MY KNOWLEDGE														
	APPLICAN	IT IS THE PERSON.	AL SIGNATUR	E OF THE APPLICANT.							IOW I	LONG HAVE YO VN THE APPLIC	U ANT?					
N INS	SURFR V	HICH REFUSE	S TO PRO	OVIDE COVERAGE	= TC	) AN	N APPL	CAN	NT WHO IS A "GO	OD DR	IVE	R" MUST PE	ROVIDE					
PPLIC GOC	CANT WI OD DRIVI	TH WRITTEN : ER IS A PERS	STATEMEN SON WHO	IT OF THE REAS	ONS IORE	IT E TH	DENIEI 10 NAH	NE / D C	OVERAGE. IN GEI VIOLATION POINT	NERAL	, UN	NDER CALIF	ORNIA	\ LA\				
PTION: EJECT	S OF SELE	CTING EITHER U OVERAGE OR SEL	MBI LIMITS L	OWER THAN MY BOD	DILY	INJU	RY LIABI	LITY	AGE (UMBI) HAS BEEN LIMITS, OR REJECTIN BILITY LIMITS, I HAVE /	G UMBI	COV	ERAGE ENTIRI	ELY. IF	I HA\				
N ADDI		AVE BEEN OFFER	RED WAIVER	OF COLLISION DEDI	JCTIE	BLE.	IF THIS	OPT	ION IS NOT INDICATE	D ON	THIS	APPLICATION,	THEN	I HA\				
				ON AND LIMIT CHOICES UNLESS I NOTIFY Y		THE	RWISE IN		OR IN ANY STATE SUTING.	JPPLEME	ENT \	WILL APPLY TO	O ALL F	UTUF				
						DA												