



PRIVATE PASSENGER AUTO APPLICATION

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED

GENERAL INFORMATION	NAME (Exactly as on driver's license)						Territory
	ADDRESS	(No.)	(Street)	(Town)	(County)	(State)	(Zip Code)
	ADDRESS OF PRINCIPAL GARAGING IF DIFFERENT THAN				NEW POLICY EFFECTIVE DATE: (Month, Day and Year)		TERM <input type="checkbox"/> 6 Mo. <input type="checkbox"/> 12 Mo.
	OCCUPATIONS (yours and your spouse's)				ARE YOU A SELF-EMPLOYED CONTRACTOR? (Yes or No)		

DRIVING RECORDS	WE NEED TO KNOW THESE THINGS ABOUT PEOPLE LIVING IN YOUR HOUSEHOLD (including students and military personnel) WHO OPERATE ANY AUTOMOBILE								
	Name (As it appears on driver's license)	Relationship to Applicant	Date of Birth	Married (Yes or No)	Class	% of Annual Mileage CAR 1 CAR 2 CAR 3			Driver's License No. and Issuing State
						%	%	%	
						%	%	%	
						%	%	%	
	TOTAL					100%	100%	100%	
	LIST ALL TRAFFIC VIOLATIONS, CONVICTIONS AND ACCIDENTS DURING PAST 3 YEARS:								
	NAME OF DRIVER		VIOLATION OR ACCIDENT			DATE	AT FAULT		

DRIVER DATA	A. Has any company DECLINED, CANCELED or REFUSED to renew automobile insurance for any driver during the past three years?	YES	NO	NOTE: Please explain any "yes" answers here.
	B. Does any operator have any PHYSICAL IMPAIRMENT ?			
	C. Have you or any member of your household been CONVICTED of other than a motor vehicle violation during the past three years?			
	D. Are you or any members of your household in the ASSIGNED RISK ?			
	E. Is the registered owner other than the actual owner? (Other than the interest of a bank or Finance Co.)			
USE & COND. OF AUTO	3A. Does the car have any CRACKED or BROKEN GLASS OR OTHER DAMAGE?			If Yes - Auto #
	B. Any FIRE, THEFT or VANDALISM losses in past THREE years?			If Yes - Auto #
	C. Will vehicle be used in Business?			If Yes - Auto #

DESCRIPTION OF VEHICLES	AUTO	YEAR	Trade Name - Model	SERIAL NUMBER	SYMBOL	IF PICKUP OR VAN, COST NEW/CUSTOMIZED?
	1					
	2					
	3					
	Loss Payee (Name and address)		Auto 1			
		Auto 2				
		Auto 3				

COVERAGE DESIRED	Deductible	PREMIUM				
		Comp-Collision	Towing	Personal Effects	Total Per Auto	
	\$	Auto 1	\$	\$	\$	\$
	\$	Auto 2	\$	\$	\$	\$
	\$	Auto 3	\$	\$	\$	\$

<p>In making this application for insurance it is understood that, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.</p>	<p>I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.</p> <p>_____ Signature of Applicant</p> <p>_____ Date</p>	<p>Total Premium</p> <p>\$</p>
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NOTE: PLEASE COMPLETE BELOW PORTION WHEN:
 1. A member of the household is of age, but, does not have a driver's license, or -
 2. A licensed driver of the household is NOT to be considered as a driver of any described vehicle

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.