



APPLICATION FOR INSURANCE

Name of Applicant	Mailing Address	Residence Address

Policy Effective: to	Work Phone:	Home Phone:	Cell Phone:
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Vehicle Description and VIN Additional Interest / Loss Payee (if any)	Limits: BI/PD • Deduct: Comp/Coll Additional Coverages (10/20/10)	Value \$	Premium \$

Premium Including Schedule of Vehicles (if any)	TOTAL PREMIUM →	\$
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ANSWER EACH OF THE FOLLOWING QUESTIONS	YES	NO
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1. Is there any physical impairment of applicant or other operators? If "Yes", Give Full Details		
2. Was risk cancelled or declined, or renewal refused during the past 3 years? If "Yes" State Reason		
3. A. Has applicant or any operator been cited or fined for any motor vehicle moving violation? If "Yes", Give Full Details		
B. Did it involve an accident? If "Yes", Give Full Details		
C. Has applicant been fined for speeding? If "Yes", How many times in the last three years?		
D. Has applicant been fined for overtaking a vehicle in a restricted zone? If "Yes", How many times in the last three years?		
E. Has applicant been fined for not stopping at traffic lights or "STOP" signs? If "Yes", How many times in the last three years?		
F. Has applicant been fined for making an illegal turn? If "Yes", How many times in the last three years?		
4. Has applicant's or any other operator's license been suspended or revoked? If "Yes", Give Full Details		
5. Name of previous insurance carrier, if any.		
6. Are there any other automobiles owned? If "Yes", In which Company are they insured?		
7. Does applicant own a home? If "Yes", Where is it insured?		

8. Declare below any accidents or losses occurring with the above automobile(s), belonging to or driven by the applicant during the last three years:

READ BEFORE SIGNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

THE INFORMATION GIVEN IN THIS APPLICATION FOR INSURANCE IS THE BASIS UPON WHICH THE COMPANY WILL ISSUE THE POLICY, AND WILL BE AN INTEGRAL PART OF THE POLICY AS A WARRANTY TO THE EXTENT THAT IF ANY OF THE QUESTIONS ARE ANSWERED FRAUDULENTLY, OR IN SUCH A WAY AS TO CONCEAL OR MISREPRESENT ANY MATERIAL FACT THEREOF, THE ENTIRE POLICY SHALL BE VOID IN ALL ITS PARTS. THE INSURANCE AFFORDED HEREIN DOES NOT COVER ANY ACCIDENTS OR CLAIMS THAT OCCURRED ON OR BEFORE THE SIGNING OF THIS DOCUMENT.

I HEREBY WARRANT THAT I AM A DULY AUTHORIZED MOTOR VEHICLE OPERATOR AND THAT THE ABOVE DECLARED STATEMENTS ARE TRUE AND THAT I HAVE NOT WITHHELD ANY INFORMATION REQUIRED IN THIS APPLICATION.

Applicants Signature	Producers Name	Authorized Signature Agent / Company
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