



# CALIFORNIA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

<b>AGENCY</b>	PHONE (A/C, No, Ext): FAX (A/C, No):	<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP+4)</b>				NAIC CODE
		CO/PLAN		POL#:		
E-MAIL ADDRESS:		EFFECTIVE DATE		EXPIRATION DATE		ACCT#:
CODE:		SUBCODE:		DIRECT BILL AGENCY BILL	MAIL POLICY TO AGENT MAIL POLICY TO APPL	PAYMENT PLAN
AGENCY CUSTOMER ID:						
<b>RESIDENCE</b>		CURRENT RESIDENCE IS	OWNED	RENTED	<b>GARAGING ADDRESS IF DIFF FROM ABOVE (Inc county &amp; ZIP)</b>	
YRS AT CURR	ADDR PREV	PREVIOUS ADDRESS (If less than 3 years)				VEH #

VEHICLE DESCRIPTION/USE														TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:					
VEH	YEAR	MAKE, MODEL AND BODY TYPE										VIN/REGISTERED STATE			HP/CC	DATE LEASED	DATE PURCH	NEW/USED	
VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	EST ANN FUT MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)				CLASS
VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES			CREDITS AND SURCHARGES			VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES			CREDITS AND SURCHARGES		

COVERAGES		LIMITS OF LIABILITY				VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				\$	\$	\$	\$
BODILY INJURY LIABILITY	\$	EA PERSON	\$	EA ACCIDENT		\$	\$	\$	\$
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT				\$	\$	\$	\$
MEDICAL PAYMENTS	\$	EA PERSON				\$	\$	\$	\$
UNINSURED MOTORISTS	CSL	EA ACCIDENT				\$	\$	\$	\$
	BI	EA PERSON	\$	EA ACCIDENT					
PD - EA ACC	\$	\$	\$	\$	\$	\$	\$	\$	\$
COMPREHENSIVE / OTC	DED	\$	\$	\$	\$	\$	\$	\$	\$
COLLISION	DED	\$	\$	\$	\$	\$	\$	\$	\$
WAIVER OF COLLISION DEDUCTIBLE (Check if applicable)						\$	\$	\$	\$
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	\$
TRANS EXP/RENTAL RE	\$ /	\$ /	\$ /	\$ /	\$ /	\$	\$	\$	\$
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)						POLICY FEE: \$	TOTAL PER VEHICLE	\$	\$
						ESTIMATED TOTAL	DEPOSIT	BALANCE DUE	\$

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]															
#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	GOOD DRV	MAT DRV	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)															
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 ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION								PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE			

**ADDITIONAL INTEREST**

<input type="checkbox"/>	ADDL INT	NAME AND ADDRESS	VEH #:
<input type="checkbox"/>	LOSS PAYEE		LOAN NUMBER
<input type="checkbox"/>	ADDL INT	NAME AND ADDRESS	VEH #:
<input type="checkbox"/>	LOSS PAYEE		LOAN NUMBER

**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	# OF YEARS W/ COMPANY
PRIOR PRODUCER	PRIOR POLICY NUMBER
	EXPIRATION DATE

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY CAR MODIFIED/SPEC EQUIPMENT? (Include customized vans/pickups; indicate cost)	<input type="checkbox"/>	<input type="checkbox"/>	10. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	<input type="checkbox"/>	<input type="checkbox"/>	11. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	<input type="checkbox"/>	<input type="checkbox"/>	12. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input type="checkbox"/>	<input type="checkbox"/>	13. IS THIS BROKERED BUSINESS TO THE AGENT?	<input type="checkbox"/>	<input type="checkbox"/>
6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input type="checkbox"/>	<input type="checkbox"/>	14. HAS AGENT INSPECTED VEHICLE?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	<input type="checkbox"/>	<input type="checkbox"/>	15. ANY MOTORCYCLES TO BE INSURED? (Indicate driver numbers, and provide number of years licensed to drive motorcycles)	<input type="checkbox"/>	<input type="checkbox"/>
8. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	<input type="checkbox"/>	<input type="checkbox"/>	16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>

**REMARKS (Attach additional sheets if more space is required)**

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<b>ATTACHMENTS</b>	YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH
STATE SUPPLEMENT, ACORD 177	DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE
STATE SUPPLEMENT, ACORD 860	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	

<b>BINDER/SIGNATURE</b>		<p>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.</p> <p>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.</p>
<b>INSURANCE BINDER</b>		
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		<p>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. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p>

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NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT 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 THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

<p>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.</p>	<p>HOW LONG HAVE YOU KNOWN THE APPLICANT?</p>
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AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**CALIFORNIA AUTOMOBILE PREINSPECTION LAW**  
**EXPLANATION AS PRESCRIBED BY THE DEPARTMENT OF INSURANCE**

California law requires that your vehicle must be inspected before you can buy collision or comprehensive insurance for your vehicle. (Depending on the terms of your insurance contract, "collision" insurance pays for all or part of loss or damage to an automobile resulting from most collision losses. "Comprehensive" insurance pays for all or part of loss or damage to an automobile resulting from most causes other than collision.)

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

There are exceptions to the California Automobile Preinspection Law which exempt some vehicles from the preinspection requirement. Your insurance company, agent, or broker is required to tell you if you qualify for any of these exceptions. If you do not qualify for an exception, your vehicle must be inspected before your collision and/or comprehensive coverage may be issued.

The California Automobile Preinspection Law also says your insurance company can, under certain circumstances, provide your comprehensive and/or collision insurance coverage and allow for a delay in the inspection for a limited period of time. But if you do not comply with the law and have your vehicle inspected by the end of that grace period, the collision and/or comprehensive insurance on your vehicle may be severely restricted or suspended. Whenever automobile collision or comprehensive coverage, or both, is suspended or restricted for the failure to have an inspection report, the insurer must immediately notify the insured that the collision or comprehensive coverage, or both, is restricted or suspended until the vehicle is inspected.

If the insurance company, agent, or broker, does delay the inspection, ask your insurance company, agent, or broker why there is a delay and when the inspection will be conducted.

If the insurance company fails to conduct an inspection within the limited time period, your collision and/or comprehensive coverage may not be suspended or canceled or restricted in any way. If the insurance company fails to tell you that an inspection is required, or your vehicle is not inspected because your insurance company, agent, or broker fails to inspect your vehicle, your collision and/or comprehensive coverage may not be suspended, canceled, or restricted in any way.

The insurance company, or someone it chooses, must conduct the inspection at no direct charge to you. The inspection must be done at a time and a place reasonably convenient for you, except that the insurer is not required to send someone to your home or place of business. Whoever inspects the vehicle will record, in writing, any visible damage to the vehicle. The inspector will also record, in writing, a description of your vehicle, including any accessories or equipment not factory installed.

Finally, the inspector will take at least two color photographs of the vehicle or the inspector may choose to photograph your vehicle by other means such as videotape.

The point of the inspection is not to find out if your vehicle is safe to drive, but only to check for preexisting damage, prior conditions, equipment and accessories not factory installed, and mileage of the vehicle. The insurance company must give you a copy of the inspection report, but they do not have to give you copies of the photographs or videotape.

If you have questions about having your vehicle inspected before you buy insurance, ask your insurance agent, broker, or the insurance company. If you ever have a problem with an insurance company that you cannot resolve on your own, call the California Department of Insurance at 1-800-927-HELP (4357).

**INFORMATION YOU NEED TO OBTAIN A VEHICLE INSPECTION  
AND PROTECT YOUR COVERAGE**

The information on the reverse side explains that California State law requires an inspection be completed for your vehicle(s) shown below. If the inspection is not completed within the number of days given below, Comprehensive and Collision coverages will be suspended or restricted. This means claims payments to you will not be made.

If the vehicle shown is a replacement or an additional vehicle covered on your existing policy, the inspection must be completed within \_\_\_\_\_ days of the effective date of coverage.

If you are applying for insurance and the vehicle(s) shown are covered on a new policy then the inspection must be completed within \_\_\_\_\_ days of the effective date of coverage.

To complete the inspection, please ask your agent or call your company's toll free number for the location of the inspection site near you. Please bring this form with you when you have the inspection completed. The inspection will be done at no cost to you and it will be forwarded directly to your company.

If you have just purchased a brand new vehicle from a car dealership, you may provide your company instead with the bill of sale or "window sticker" or a copy of the "window sticker". Please give this to your agent.

The mandatory vehicle inspection law was enacted by the State of California to help reduce the high cost of automobile insurance by preventing payment of inflated or fraudulent claims. Policyholders with all insurance carriers operating in the state of California are affected by this requirement. Your agent will be glad to answer any questions you have.

Vehicles (Year/Make/Model):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

The inspection must be completed by: \_\_\_\_\_  
Date

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_