



INDIANA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

| | | | | | | |
|-----------------------------|--|---|---|------------------|-----------|--|
| AGENCY | | APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) | | | NAIC CODE | |
| CODE: AGENCY CUSTOMER ID | | SUBCODE: | | TELEPHONE NUMBER | | |
| CO/PLAN | | | POL#: | | | |
| EFFECTIVE DATE | | | EXPIRATION DATE | | ACCT#: | |
| | | DIRECT BILL AGENCY BILL | MAIL POLICY TO AGENT MAIL POLICY TO APPL | PAYMENT PLAN | | |

| | | | | | | | | | |
|------------------|-----------|---|--|--------------------------------|---------------------------------|--|--|--|--|
| RESIDENCE | | CURRENT RESIDENCE IS | | <input type="checkbox"/> OWNED | <input type="checkbox"/> RENTED | GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP) | | | |
| YRS AT ADDR 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-AGED | ODOMETER READING | ANNUAL 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/PREMIUMS | 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/BI | \$ | EA PERSON | | | | \$ | EA ACCIDENT | | | | | | \$ | \$ | \$ | \$ | | |
| UNDERINSURED MOTORISTS CSL/BI | \$ | EA PERSON | | | | \$ | EA ACCIDENT | | | | | | \$ | \$ | \$ | \$ | | |
| UNINSURED MOTORISTS PD | \$ | EA ACCIDENT | | | | | | | | | | \$ | \$ | \$ | \$ | | | |
| COMPREHENSIVE DED | \$ | | | | | \$ | | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | |
| COLLISION DED | \$ | | | | | \$ | | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | |
| 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 | ACC PREV CSE DATE | DRIVERS LICENSE #/LIC STATE | SOCIAL SECURITY # |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| 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 | | |
| 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

| | | | |
|-------|----------|------------------|-------------|
| VEH # | ADDL INT | NAME AND ADDRESS | LOAN NUMBER |
| | LOSS PAY | | |
| VEH # | ADDL INT | NAME AND ADDRESS | LOAN NUMBER |
| | LOSS PAY | | |

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 AND PRODUCER | # OF YEARS W/ COMPANY | PRIOR POLICY NUMBER/EXPIRATION DATE |
|----------------------------|--------------------------|-------------------------------------|

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO | EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO |
|--|-----|----|---|-----|----|
| 1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? | | | 9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number) | | |
| 2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost) | | | 10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED? | | |
| 3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) | | | 11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number) | | |
| 4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)? | | | 12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing) | | |
| 5. ANY CAR KEPT AT SCHOOL? | | | 13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | |
| 6. ANY CAR PARKED ON STREET? | | | 14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS? | | |
| 7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer) | | | 15. IS THIS BROKERED BUSINESS TO THE AGENT? | | |
| 8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number) | | | 16. HAS AGENT INSPECTED VEHICLE? | | |

REMARKS

ATTACHMENTS

| | |
|----------------------|-------------------------------|
| FOR COMPANY USE ONLY | YOUNG DRIVER QUESTIONNAIRE |
| | DRIVER TRAINING CERTIFICATE |
| | GOOD STUDENT CERTIFICATE |
| | ANTI-THEFT DEVICE CERTIFICATE |
| | MEDICAL STATEMENT |
| | MOTOR VEHICLE REPORT |
| | PHOTOGRAPH |
| | BILL OF SALE |

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 COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. 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. |
| EFFECTIVE DATE | EXPIRATION DATE | |
| TIME | 12:01 AM | |
| | NOON | |
| COVERAGE IS NOT BOUND | | |

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 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 IS THE PERSONAL SIGNATURE OF THE APPLICANT.

HOW LONG HAVE YOU KNOWN 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. _____ (INITIALS)
- 2. I REJECT UMBI COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
- 3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
- 4. I REJECT UMPD 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.

| | | | |
|-----------------------|------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|-----------------------|------|----------------------|--------------------------|