## Personal Automobile Application



| Applicant informat  | 1011                      |               |        |                  |                     |   |                |                 |    |
|---|---------------------------|---------------|--------|------------------|---------------------|---|----------------|-----------------|----|
| Applicant's Name:   |                           |               |        |                  |                     |   |                |                 |    |
| Date of Birth:  | Driver's License #        |               |        |                  |                     |   |                |                 |    |
| Mailing Address:  |                           |               |        |                  |                     |   |                |                 |    |
| Cell Phone #:   | Home Phone #:             |               |        |                  |                     | Work Phone #                            |                |                 |    |
| Primary Email:  |                           |               |        |                  |                     |   |                |                 |    |
| Employer:   | Occupation:               |               |        |                  |                     |   |                |                 |    |
|   | Single Married Other:     |               |        |                  |                     | Are you a listed Insured Driver? Yes No |                |                 |    |
| Preferred Form of (   | Contact:                  | Phone [       | Email  | Mail             | SMS Fax             | Billing:                                | Email          | Mail            |    |
| Co-Applicant Inform   | nation                    |               |        |                  |                     |   |                |                 |    |
| Co- Applicant's Nar   | ne:                       |               |        |                  |                     |   |                |                 |    |
| Date of Birth:  | Driver's License #:       |               |        |                  |                     |   |                |                 |    |
| Employer:   | Occupation:               |               |        |                  |                     |   |                |                 |    |
| Cell Phone #:   | Home Phone #:             |               |        |                  |                     | Work Phone #                            |                |                 |    |
| Primary Email:  |                           |               |        |                  |                     | ation to Applicant:                     |                |                 |    |
| _   | Single                    | Married       | Other: |                  |                     |   |                | Yes             | No |
| <b>Authorized Contact</b>   | t Person                  | Yes           | No     | Co-Applic        | ant Signature:      |   |                |                 |    |
|   |                           |               |        |                  | ·                   | -                                       |                |                 |    |
| Insured Drivers   |                           |               |        |                  |                     |   |                |                 |    |
| <mark>Name</mark>   |                           | Driver's Lice | ense # | <mark>DOB</mark> | <mark>Gender</mark> | Marital Status                          | <mark>S</mark> | <b>Relation</b> |    |
|   |                           |               |        |                  |                     |   |                |                 |    |
|   |                           |               |        |                  |                     |   |                |                 |    |
|   |                           |               |        |                  |                     |   |                |                 |    |
|   |                           |               |        |                  |                     |   |                |                 |    |
|   |                           |               |        |                  |                     |   |                |                 |    |
| Applicant must answer the following questions:  |                           |               |        |                  |                     |   |                | Yes             | No |
| A. Has any listed driver been involved in an accident in the past 3 years?  |                           |               |        |                  |                     |   |                |                 |    |
| B. Has any listed driver been convicted of a moving traffic violation in the past 3 years?  |                           |               |        |                  |                     |   |                |                 |    |
| C. Has a listed driver had automobile insurance declined or cancelled?  |                           |               |        |                  |                     |   |                |                 |    |
| D. Does described vehicle have any cracked or broken glass or other damages?  |                           |               |        |                  |                     |   |                |                 |    |
| E. Has any listed driver has his/her license revoked, suspended or refused?  F. Company last insured with?  |                           |               |        |                  |                     |   |                |                 |    |
| I hereby warrant the truth of the above Statements, and I declare that I have not withheld any information whatever which might tend in any   |                           |               |        |                  |                     |   |                |                 |    |
| way to influence the acceptance of this Application. Additionally, I warrant that my automobile will be operated only by persons holding valid  |                           |               |        |                  |                     |   |                |                 |    |
| driver's licenses. Specifically, I agree to advise the Company in writing if the age of the youngest driver with be other than as stated herein. I  |                           |               |        |                  |                     |   |                |                 |    |
| understand that any false Statement by me will constitute a breach of warranty and cause the Policy to void. I agree that this Application shall be the basis of the Policy between me and the Company. |                           |               |        |                  |                     |   |                |                 |    |
|   |                           |               |        |                  |                     |   |                |                 |    |
|   | Signature of Applicant    |               |        |                  |                     | Dota                                    | _              |                 |    |
| Signature of Applicant  Date  |                           |               |        |                  |                     |   |                |                 |    |
|   | Signature of Co-Applicant |               |        |                  |                     |   |                | _               |    |