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DRV #	/	DATE OF ENT / CONV		7		DESCRIPT					R C	ONVIC	TION			PLA ACCIDENT					ATH AMOUNT OF PROPERTY DAMAGE		
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EM	EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)																						
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	VEH# N	NAME OF (OTHER O	WNER								VEH#	NAMI	E OF	OTHER OWNER								
2.	ANY CAF	R MODIFI	ED / SP	ECIAL EQUIPI	MENT?	(Include custo	mize	 d var	ns/p	ickur	LL os)												_
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		DESCRIPTI	ION					СО	ST] [DRV#	DESC	RIPT	TION					COST			
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5.	ANY OTI	HER AUT	O INSUI	RANCE IN HO	USEHO	LD? (Include a	any pi	rovid	led by	/ em	ploy	er)	•										
	NAMED	INSURED			YEAR	MAKE		М	IODEL				CARRI	ER		NAIC #	POLIC	Y NU	MBE	₹			
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ENERAL INFORMATION (continued)	AGENCY CUSTOMER ID:
ENEKAL INFORMATION (CONTINUED)	

GE	GENERAL INFORMATION (continued)										
_	EXPLAIN ALL "YES" RESPONSES Y/N										
6.	6. ANY OTHER INSURANCE WITH THIS COMPANY?										
1	POLIC	Y NUMBER		TYPE OF INSUI	RANCE	POLIC	TYPE	TYPE OF INSURANCE			
7.	ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?										
1	DRV # BRANCH RANK BASE LOCATION VEH AT BASE (Y / N)										
1											
8.	ANY D	RIVERS LICENSE B	EEN SUSPENDED / R	REVOKED?							
	DRV#	SUSPENSION PERIO	D	EXPLA	ANATION				REINSTATEMENT DATE		
		Start Date:	End Date:						DATE		
9.	ANY D	RIVER HAVE A PHY	SICAL IMPAIRMENT?	?							
	D. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT? DRV # DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE										
10	ANY D	L RIVER LINDERGOIN	IG A COLIRSE OF ME	DICAL TREATME	ENT FOR A PHY	SICAL /	MENTAL IMPAIRMENT?				
'0.		EXPLANATION	TO TO CONTROL OF ME	DIONE TREATME		OIO/ (L /	WENTAL IVII / MAWENT:				
	DICV #	LAFLANATION									
44	ANIX FI	INANICIAL DECDON	OIDH ITV FILINGO								
' ' '		INANCIAL RESPONS							FII 1110 DATE		
	DRV#	REASON FOR FILING	i						FILING DATE		
L											
12.	HAS IN	ISURANCE BEEN TI	RANSFERRED WITHI	N THE AGENCY	?						
13.	ANY C	OVERAGE DECLINE	ED, CANCELLED, OR	NON-RENEWED	DURING THE L	AST TH	REE (3) YEARS?				
	DRV#	REASON DECLINED,	CANCELLED, OR NON-F	RENEWED							
14.	IS THIS	S BROKERED BUSIN	NESS TO THE AGENT	Γ?							
15.	HAS A	GENT INSPECTED \	VEHICLE?								
16.	ANY M	IOTORCYCLES TO E	BE INSURED? (Indicat	te driver numbers	, and provide nun	nber of	rears licensed to drive motorcycles)				
		# OF YEARS LICENSE					# OF YEARS LICENSED				
1											
17	HAS A	NY APPLICANT OR	DRIVER HAD A FORE	CLOSURE REP	OSSESSION BA	NKRU	PTCY, JUDGEMENT OR LIEN DURING TI	HE LAST	FIVE (5) YEARS?		
		EXPLANATION							(0)		
18	HASA	I NY NAMED INSLIRE	D DRIVEN WITHOUT	LIARII ITY INSLIE	RANCE DURING	ANY P	ART OF THE LAST SIX (6) MONTHS?				
'	$\overline{}$	EXPLANATION	D DIGIVER WITHOUT	LI/(DILITT IIVOOT	WINDE BOKING	7.11117	THE ENDI GIX (6) MIGHTID:				
	Ditt "	EXI EXITATION									
	MADI	C / ATTAOURES	ITC /Aug-t- ACCE	D 404 A 33'0'	anal Damasi s	Cal-	dula if mana anasa is sessible it				
KE						Scne	dule, if more space is required)	1 1_			
		SUPPLEMENT, ACORD		VER TRAINING CER			MEDICAL STATEMENT	BII	LL OF SALE		
\vdash		SUPPLEMENT, ACORD		OD STUDENT CERT			MOTOR VEHICLE REPORT	+			
	YOUNG	DRIVER QUESTIONNA	AIRE ANT	TI-THEFT DEVICE C	ERTIFICATE		PHOTOGRAPH				
1											

AGENCY	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
BINDER / SIGNATURE									

INSURANCE BINDER								
EFFECTIVE DATE	EXPIRATION DATE							
TIME	12:01 AM							
	NOON							
COVERAGE IS NO	COVERAGE IS NOT BOLIND							

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.

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.

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?

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 PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER