

Name	Last	First	Middle	Producer
Address	Number & Street	City	State	Zip Code
Garaging Address (if different)				
Policy Period	From	To	Renews	Policy Number
				Telephone()
PRIMARY INSURANCE - Policy Term: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Admitted <input type="checkbox"/> Non-Admitted A.M. Best Rating _____				
Company Name			Policy Number	
<small>Policy will not be issued without this information. If assigned to California Assigned Risk Program, please indicate. Furnish Company and Policy Number when available.</small>				

**VEHICLE INFORMATION**

YEAR	MAKE & MODEL	VEHICLE ID #	ANNUAL MILES DRIVEN	COUNTY OF GARAGING	POINTS CHARGED	GOOD DRIVER DISCOUNT
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No

	COVERAGE	Underlying Limits	Excess Limits Required	Total Limits
A.	BODILY INJURY	Each Person: Each Occurrence:	\$	\$
B.	PROPERTY DAMAGE	Each Occurrence:	\$	\$
C.	COMBINED SINGLE LIMIT	Each Occurrence:	\$	\$
D.	OTHER		\$	\$

	NAME & ADDRESS OF ADDITIONAL INSURED	Total Premium For All Cars
1.		Fully Earned Policy Fee
2.		Taxes/CIGA (if any)
3.		Total Policy Premium

**DRIVER INFORMATION**

Name of Driver	DOB	Sex	Marital Status	Driver License No.	Driver Car No.?	Impaired?	Business Use	Years Exper.	# Accidents in past 3 years	Minor Convictions in past 3 years	Major Convictions in past 3 years
1.						Y N					
2.						Y N					
3.						Y N					

If proof not submitted with application, accident will be considered chargeable (submit copy of police report and/or proof from insurance carrier).

Occupation	Employer	Type of Business
1		
List other members in household & birth dates		
Names of Drivers excluded under Primary.		Names of Drivers to be excluded under Excess (Spouse cannot be excluded).
Comments:		

**Notice to Applicant:** In compliance with Public Law 91-508, this notice is to inform you that in connection with your application for insurance (1) an investigation may be made as to your insurability, including, information as to character, general reputation, personal characteristics and mode of living and (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made within a reasonable time after you receive this notice.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT

**Applicant's Signature X** \_\_\_\_\_ **Time** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer's Signature X** \_\_\_\_\_

**Date:** \_\_\_\_\_