

ADDITIONAL INTEREST

Vehicle #1	Interest Type	Additional Interest Name and Address	LOAN NUMBER
Loss Payer Type	Additional Interest Name and Address	Additional Interest	Loan Number
Vehicle #2	Interest Type	Additional Interest 2 Name and Address	LOAN NUMBER
Loss Payer Type	Additional Interest 2 Name and Address	Additional Interest 2	Loan Number

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
Applicant's Employer	123 Main St, San Francisco CA, 94106	(555) 444-3333	Applicant's Employer	Applicant's Employer
CO-APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
Applicant's Employer	123 Main St, San Francisco CA, 94106	(555) 444-3333	Applicant's Employer	Applicant's Employer

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
Prior Carrier and Producer	Years	Prior Policy Number/Expiration Date	Prior Carrier and Producer	Prior Carrier and Producer

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?	X		9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		X
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)	X		10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		X
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?		X
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	X		12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		X
5. ANY CAR KEPT AT SCHOOL?	X		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		X
6. ANY CAR PARKED ON STREET?	X		14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		X
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	X		15. IS THIS BROKERED BUSINESS TO THE AGENT?		X
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	X		16. HAS AGENT INSPECTED VEHICLE?		X

REMARKS

FOR COMPANY USE ONLY	ATTACHMENTS
For Company Use Only	X YOUNG DRIVER QUESTIONNAIRE
	X DRIVER TRAINING CERTIFICATE
	X GOOD STUDENT CERTIFICATE
	X ANTI-THEFT DEVICE CERTIFICATE
	X MEDICAL STATEMENT
	X MOTOR VEHICLE REPORT
	X PHOTOGRAPH
	X BILL OF SALE
	X 12/25/2025
	X 12/25/2025

BINDER/SIGNATURE

<table><tr><td>INSURANCE BINDER</td><td>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</td></tr><tr><td><table><tr><td>EFFECTIVE DATE</td><td>EXPIRATION DATE</td></tr><tr><td>Binder Effective Date Label</td><td>Binder Expiration Date Label</td></tr><tr><td>TIME</td><td>X 12:01 AM NOON</td></tr><tr><td>X</td><td>COVERAGE IS NOT BOUND</td></tr></table></td><td><p>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. 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. 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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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.</p> <p>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.</p> <p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. 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.</p> <table><tr><td>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.</td><td>HOW LONG HAVE YOU KNOWN THE APPLICANT?</td></tr><tr><td></td><td>How Long Have You Known The Applicant</td></tr></table> <p>I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BI AND/OR UM PD COVERAGES ENTIRELY.</p> <p>1. I SELECT UNINSURED MOTORISTS LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)</p> <p>2. I REJECT UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)</p> <p>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.</p> <table><tr><td>APPLICANT'S SIGNATURE</td><td>DATE (MM/DD/YY)</td><td>PRODUCER'S SIGNATURE</td></tr></table>	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?		How Long Have You Known The Applicant	APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE
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