

PRODUCER	VADA PERSOI	1					12/25	5/2025
PRODUCER		APPLICANT'S NAME AN	ND MAILING	3 ADDRESS	(Include county & Z		CCODE	
							AIC Code	
Dunderson		123 Main St, S	San Fra	ncisco	CA, 94106			
Producer					•		EPHONE NUMBER	
						(5)	55) 444-333	33
		CO/PLAN			POL#:	·		
CODE:	SUBCODE:	Coplan			ACCT#: POI	cy Number		
AGENCY CUSTOMER ID	0000000	EFFECTIVE DATE	EXPIRATIO	N DATE	X DIRECT BILL	PAYMENT PLA		
		12/25/2025	12/25/			Paymen	t Plan	
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34-								
VEHICLE DESCRIPTION/US	E		TOTA	L NUMBER	OF VEHICLES IN HO	USEHOLD:		
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cover@es up	ryDevices ым	MITS OF LIABILITY				(Entertopin#	VEHICLE #	VEHICLE #
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EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

Applicant's Employer Applicant's Employer	ADDRESS OF EMPLOYMENT 123 Main St, San Francisco CA, 94106	WORK PHONE NUMBER (555) 444-3333	YEARS W/ CURR EMPL* 12,	YEARS W/ PREV EMPL 12,
со аррысант's employer Со-Applicant's Employer	ADDRESS OF EMPLOYMENT 123 Main St, San Francisco CA, 94106	WORK PHONE NUMBER (555) 444-3333	YEMESW/ CURR EMPL* 12,	PREV EMPL 12,

345 345 PRIOR COVERAGE

TRIOR GOVERAGE							
PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE					
Prior Carrier and Producer	12,345	Prior Policy Number/Expiration Date					

GENERAL INFORMATION

0211210121111101111011					
EXPLAIN ALL "YES" RESPONSES IN REMARKS		NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
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)	X	
			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	X	
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?	X	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	X	
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	X	
5. ANY CAR KEPT AT SCHOOL?			14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE		
6. ANY CAR PARKED ON STREET?			LAST 3 YEARS?		1
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	Х		15. IS THIS BROKERED BUSINESS TO THE AGENT?	Х	
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)			16. HAS AGENT INSPECTED VEHICLE? Question 8 Policy Number	Х	

REMARKS **ATTACHMENTS**

REMARKS	AI	TACHWENTS
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	X	YOUNG DRIVER QUESTIONNAIRE
	Χ	DRIVER TRAINING CERTIFICATE
	Χ	GOOD STUDENT CERTIFICATE
	X	ANTI-THEFT DEVICE CERTIFICATE
	X	MEDICAL STATEMENT
	Χ	MOTOR VEHICLE REPORT
	Χ	PHOTOGRAPH
	Χ	BILL OF SALE
	Χ	Other Attachment 1
	X	Other Attachment 2

FOR COMPANY USE ONLY

For Company Use Only

BINDER/SIGNATURE

INSURANCE BINDER BINDER				
EFFECTIVE DATE EXPIRATION PAGE				
12/25/2025	12/25/2025			
TIME Binder Time	X 12:01 AM			
of Day	NOON			
OT DAY				

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 LÍMITATIONS 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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

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 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

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? Have You

How Long

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE, OR THE SELECTION/REJECTION OF MEDICAL PAYMENTS, OR THE SELECTION/REJECTION OF LOWER LIMITS OF UM IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS, AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

DATE (MM/DD/YY) **Applicant** PRODUCER'S SIGNATURE SIGNATURE