

	YES	NO
1. - Has the Producer inspected all vehicles for which Physical Damage is requested?	<input type="checkbox"/>	<input type="checkbox"/>
2. - Does the inspection reveal any existing damage?	<input type="checkbox"/>	<input type="checkbox"/>

If existing damage, please list vehicle numbers, amount of damage, explanation, and extent of damage.

AUTO#	DESCRIPTION OF DAMAGE	REPAIR ESTIMATES

DRIVER AND RESIDENT INFORMATION

All drivers of the insured vehicles must be listed on the application unless they are excluded from the policy. A driver is defined as: 1) any person who drives any of the insured vehicles on a regular basis that does not reside with the insured, 2) any resident of the insured's residence who drives an insured vehicle whether legally licensed or not, 3) any resident of the insured's residence who has ever had a driver's license, and 4) any children or dependents of the insured or the insured's spouse under the age of 21 who do not reside at the residence if the insured. Please list under **DRIVER EXCLUSION** any persons listed below that will not drive any vehicle on this policy.

LIST ALL DRIVERS AND ALL RESIDENTS OF THE HOUSEHOLD, REGARDLESS OF AGE OR LICENSE STATUS

APPLICANT	DRIVER	RELATION	BIRTH DATE (MM DD YY)	SEX	MARITAL STATUS	YEARS LICENSED	% USE	OPERATOR'S LICENSE NUMBER
1	<input type="checkbox"/> Y <input type="checkbox"/> N							
2	<input type="checkbox"/> Y <input type="checkbox"/> N							
3	<input type="checkbox"/> Y <input type="checkbox"/> N							
4	<input type="checkbox"/> Y <input type="checkbox"/> N							
5	<input type="checkbox"/> Y <input type="checkbox"/> N							
6	<input type="checkbox"/> Y <input type="checkbox"/> N							

DRIVER	EMPLOYER	STREET	CITY	STATE	ZIP CODE	OCCUPATION	YEARS EMP

ADDITIONAL DRIVER INFORMATION

	YES	NO
Please explain if the answer to either question is "NO"		
Have all residents of Your household been on the application?	<input type="checkbox"/>	<input type="checkbox"/>
Have all operators of your vehicle, such as children away from home or at college, or other individuals not resident in you Household who may use your vehicle(s), on a regular basis, been listed on this application?	<input type="checkbox"/>	<input type="checkbox"/>

I declare the following:
 I have listed all residents of my household on the application for insurance. I have listed on the application anyone who lives in the home, including but not limited to relatives, friends, tenants, or anyone who lives at my place of residence.
 I have listed all regular or occasional operators, licensed or permitted, and who may or may not reside in my household, on the application for Insurance.
 I acknowledge my responsibility to inform the company, by signed endorsement, of anyone in the future that becomes an operator as described above.
 I acknowledge my responsibility to inform the company, by signed endorsement, of anyone in the future that becomes a resident of my household and eligible for benefits if involved in an accident. I understand that a resident of my household includes but is not limited to anyone who lives in my home, including relatives, friends, tenants, or anyone else who lives at my place of residence.

Signature of Applicant: X Date: _____

LIST ALL ACCIDENTS, WHETHER AT-FAULT/CHARGEABLE OR NOT AT-FAULT/NON CHARGEABLE, VIOLATIONS, AND LOSSES FOR ALL PERSONS LISTED AS DRIVERS FOR THE PAST 36 MONTHS, INDICATE "NONE" IF APPLICABLE.

DRIVER	DATE	DESCRIPTION

NAMED DRIVER EXCLUSION

515 A EXCLUSION OF DRIVERS & PARTIAL REJECTION OF COVERAGES OR MUST SHOW COMPLETE NAME OF EXCLUDED DRIVER WARNING

This acknowledgment and rejection is applicable to all renewals issued by us or any affiliated insurer. However, we must provide a notice with each renewal as follows: "this policy contains a named driver exclusion. You agree that none of the insurance coverages afforded by this policy shall apply while an excluded operator is operating your covered auto or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorist Coverage and Personal Injury Protection Coverage While your covered auto or any other motor vehicle is operated by the excluded driver.

NAME OF EXCLUDED DRIVER	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	OCCUPATION

Signature of Applicant: **X** _____ Date _____

Signature of Co-Applicant: _____ Date: _____

NOTICE TO APPLICANT: READ THIS SECTION CAREFULLY. EXPLAIN ALL "YES" ANSWERS IN REMARKS

During the past 5 years, has the applicant, any household member, or any regular driver:

1. Had auto insurance canceled, or renewal declined, for any reason other than non-payment?	
2. Had their driver's license or vehicle registration suspended, revoked or refused?	
3. Does any driver have any physical or mental condition(s) or impairment(s) that would limit their ability to operate a vehicle?	
4. Are there any household members currently in the military or at school, temporality residing away from your residence?	
5. Has any driver(s) been licensed in Texas for less than 3 years?	
6. Are any of the vehicles listed on this application registered to anyone other than the applicant (Named insured), or the spouse of the applicant?	
7. Have you failed to disclose any vehicle(s) (not listed on this application) that is registered to any resident of your residence?	
8. Are any vehicles listed on this application used for hire, commercial or business purposes, delivery, or the course or scope of your employment?	
9. Is there existing damage to any vehicle?	
10. Does any vehicle have a salvage title?	
11. Does any vehicle have customized, altered, or modified equipment, including custom paint?	

REMARKS: (Include reference to vehicle and driver for each explanation)

I have read each of the questions (numbered 1 - 11) above and answered all questions truthfully, I realize that any false information will constitute a material misrepresentation.

Signature of Applicant: **X** _____ Date _____

Signature of Co-Applicant: _____ Date: _____

ADDITIONAL EQUIPMENT

DESCRIPTION OF ADDITIONAL EQUIPMENT

LIMIT OF LIABILITY (SUBJECT TO \$5000 TOTAL OF ALL EQUIPMENT)

DESCRIPTION OF ADDITIONAL EQUIPMENT	LIMIT OF LIABILITY (SUBJECT TO \$5000 TOTAL OF ALL EQUIPMENT)

OFFER OF UNINSURED / UNDERINSURED MOTORIS COVERAGE – DO NOT SIGN UNTIL YOU READ

As required By Article 5.06-1, Texas insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorists coverage in amounts up to the automobile liability coverage limits I have on this policy. I have also been given the right to reject Uninsured/Underinsured motorist Coverage as follows:

I HAVE READ AND UNDERSTAND THIS OFFER AND INFORMATION REGARDING UNINSURED/UNDERINSURED MOTORIST COVERAGE.

I HEREBY SELECT UNINSURED/UNDERINSURED MOTORIS COVERAGE AT THE LIMIT SHOWN ON PAGE 1 OF THIS APPLICATION.

I HEREBY REJECT UNINSURED/UNDERINSURED MOTORIS COVERAGE. I UNDERSTAND THAT THIS REJECTION WILL APPLY TO THIS POLICY, FUTURE RENEWALS, REINSTATEMENTS OR REPLACEMENTS OF SUCH POLICY WHICH ARE ISSUED.

THE SELECTION INDICATED ABOVE SHALL APPLY ON THIS POLICY AND ON ALL FUTURE RENEWALS OF SUCH POLICY, AND ON ALL ENDORSEMENT BECAUSE OF A CHANGE IN VEHICLE OR COVERAGE, OR BECAUSE OF AN INTERRUPTION OF COVERAGE, UNLESS I NOTIFY THE COMPANY IN WRITING THAT THEREAFTER UNINSURED/UNDERINSURED MOTORIST COVERAGE IS DESIRED.

Applicant's Signature: X Date: _____

Co-Applicant's Signature: _____ Date: _____

OFFER OF PERSONAL INJURY PROTECTION

As required by Article 5.06-3, Texas insurance Code, as amended, Personal Injury Protection Coverage must be offered to you. You may accept or Reject this coverage.

The Personal injury Protection Coverage limit provides protection on a per person basis, without regard to legal liability, for reasonable and necessary medical expenses resulting from accidental bodily injury while operating occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer

I HAVE READ AND UNDERSTAND THIS OFFER AND INFORMATION REGARDING PERSONAL INJURY PROTECTION COVERAGE.

I HEREBY SELECT PERSONAL INJURY PROTECTION COVERAGE AT THE LIMIT SHOWN ON PAGE 1 OF THIS APPLICATION.

I HEREBY REJECT PERSONAL INJURY PROTECTION COVERAGE. I UNDERSTAND THAT TIS REJECTION WILL APPLY TO THIS POLICY, FUTURE RENEWALS, REINSTATEMENTS OR REPLACEMENTS OF SUCH POLICY WHITCH ARE ISSUED.

I UNDESTAND THAT IF I WANT TO CHANGE MY SELECTION RAGARDING THIS COVERAGE IN THJE FUTURE, I MUST CONTACT MY AGENT OR THE COMPANY IN WRITING.

Applicant's Signature: X Date: _____

Co-Applicant's Signature: _____ Date: _____

in an effort to keep insurance costs down for our policyholders, the company actively investigates and pursues the prosecution of persons who commit insurance fraud.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO PENALTIES UNDER THE LAW.

Applicant's Signature: X Date: _____

DISCLOSURE OF ADDITIONAL COVERAGE RESTRICTIONS
(Apply if Checked)

- 4245 TX (01/09) – AUTOMATIC TERMINATION RESTRICTIVE ENDORSEMENT**
If someone other than you a family member becomes the owner of the auto, then coverage for that auto will automatically terminate at the time possession, title, or right of control is passed on to the new owner.
- 4247 TX (01/09) – CRIMINAL OR INTENTIONAL ACTS RESTRICTIVE ENDORSEMENT**
There is no coverage under any portion of this policy for damages or injuries that result or may reasonably be expected to result from the intentional or criminal acts of you, a family member, or anyone operating your auto with your consent. There is also no coverage under this policy for damages or injuries that result while you, a family member, or anyone operating you auto with your consent is attempting to evade arrest of a law enforcement official.
- 4248 TX (01/09) – MISREPRESENTATION OR FRAUD RESTRICTIVE ENDORSEMENT**
We may void this policy and provide no coverage under any portion of this policy for any claim that would otherwise be covered In the absence of your fraudulent conduct, misrepresentations, misstatements or omissions of important information, including those made when applying for coverage. If you engaged in these activities and we still make a payment under your policy, we have the right to recover from you the amount of the payment we made.
- 4252 TX (01/09) – DELIVERY OF PERSONS OR PROPERTY FOR A FEE RESTRICTIVE ENDORSEMENT**
The policy does not provide coverage for liability of physical damage if your covered auto or any auto that you are operating is being used to carry, transport or deliver people, property, or goods for a fee. This includes, among other thing, delivering food, newspapers, of flowers.
- 4253 TX (01/09) – RESTRICTIONS ON RENTED PROPERTY AND NON-OWNED AUTO ENDORSEMENT**
Damage to a non-owned auto that is in your care and custody may be provided coverage under part D – Coverage for Damage to Your Auto subject to your carrying this coverage and subject to a deductible. A payment made under part D – coverage for Damage to Your Auto for a non-owned vehicle will be excess over any other available coverage for then non-owned auto. If you rent an auto, you should notify the rental company of this change to your policy, as there may be optional coverage that you can purchase form such company.
- 4249 (01/09) – NEWLY ACQUIRED AUTOMOBILE RESTRICTIVE ENDORSEMENT**
If you purchase a new auto during the policy term, the following applies:
-The auto must be intended for use primary on public roads and have no more or less that four wheels.
-The auto's gross vehicle weight (GVW) must be 10,000 pounds or less.
-If the auto you purchase is in addition to an auto already shown in the Declarations Page, it will have the broadest coverage of any auto shown. You must notify us within 10 days of your acquisition of the auto for any coverage to apply.
-If there is no other auto shown in the declarations Page with Part D – Coverage for Damage to you Auto, but you desire this coverage, you must notify us within 10 days of you acquisition of the auto for this coverage to apply.
-If the vehicle you purchase is a replacement auto for an auto already shown in the declarations Page and you wish to continue Part D- coverage of damage to your Auto, it will have the same coverage, including the deductible, as the auto it replaces. You must notify us within 10 days of your acquisition of the auto for any coverage to apply.
-Any additional coverage that you need for your new auto that was not covered on the auto it replaced will only be added when you ask us to provide the coverage, even if it is after the 10 day notification period.
- 4250 TX (01/09) – PHYSICAL DAMAGE COVERAGE RESTRICTIVE ENDORSEMENT**
For any vehicle Part D – Coverage for Damage to your Auto, the following applies:
-The company will pay the cost to restore your covered auto to its pre-loss condition. The amount we pay may be based upon the cost of aftermarket or recycled used parts, at the Company's option. If you choose a more expensive part, you may be responsible for the difference in cost.
-There is no coverage under Part D –Coverage for Damage to your Auto, for any equipment on or in your covered auto that was not installed at the factory unless coverage is shown for the equipment in the Declarations Page. All custom or additional equipment must be reported prior to a loss.
-If repair or replacement of your covered auto, or part of you covered auto, results in betterment of the vehicle or the part, you will be Required to pay the difference in order to get you covered auto repaired or replaced.
- 4246 TX (01/09) – LIABILITY INSURANCE – COVERED PERSON RESTRICTIVE ENDORSEMENT**
Liability coverage is only provided to you, your family members, and other residents of your household who are licensed and listed on the declarations Page or other people using your covered auto with your express or implied permission.
- 4244 TX (01/09) – COVERAGE FOR DAMAGE TO YOUR AUTO – COVERED PERSON RESTRICTIVE ENDORSEMENT**
Coverage for Part D – Coverage for Damage to your Auto is only provided if your covered auto is being operated or otherwise controlled by you or another person listed on the Declarations Page. No coverage is afforded if you loan your car to someone else or if you fail to tell us about people Who have access to and operate the vehicle.

APPLICANT'S STATEMENT

I hereby declare that the statements contained herein are true to best of my knowledge and belief and do hereby agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I hereby declare that no person(s) other than those listed on this application regularly operate the vehicle(s) described in this application. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

I certify that as of this date I have had no claims in the past 3 years that I have not previously disclosed to this insurance company on this application for Insurance, or through an ACORD loss notice, I understand that a claim means a loss that is covered under an insurance policy, regardless of fault, payable under any coverage, such as collision, liability, or uninsured motorist. I realize that a false statement would be a material misrepresentation and would jeopardize any continuation of coverages under this policy.

I acknowledge that in connection with this application and premium quotation, the company may collect information from consumer reporting agencies, such as driving record, claims and credit history reports. This information will be used to underwrite my insurance and provide an accurate quote. Future reports may be used to update or renew this insurance.

In accordance with the Fair Credit Reporting Act, public law 91-508, effective April 25, 1979, you are hereby advised that as a part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, credit history, and mode of living. Upon your request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that the premium on any policy issued on the basis of this application may be adjusted as the result of the motor vehicle report on any operator. I further understand that I shall be responsible for any additional premium from (1) additional coverages being added to this policy, (2) motor vehicle reports, (3) or any charges of classification which may develop.

I understand that a service charge will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. I agree that if I pay my initial premium payment by check, draft, or other remittance, the coverage afforded by this insurance is conditioned on the check, draft, or other remittance being honored by the bank when presented for payment. If a check, draft, or other remittance is not honored, the Company shall be deemed not to have accepted payment and this policy shall be canceled from its inception.

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I agree to pay a late fee during the policy term and each renewal policy when a payment is received after the premium due date.

I (we) hereby agree and understand that any and all policy fee(s) charged hereon may be declared fully earned by the insurance company and or underwriters. I understand that the statements and representations made on this application will become part of my policy.

I (we) understand that every policy contains differences in the coverage provided and terms, conditions, and restrictions that apply, I hereby acknowledge that I understand the coverage that I am purchasing, and the limitations applied thereon.

Si usted no puede leer, comprender o entender este documento, todo o en parte, es muy importante que usted solicite ayuda de alguna persona que le puede interpretar y explicar el contenido de este documento. (If you cannot read, comprehend, or understand this document, all or in part it is very important that you ask for help from some person that can interpret and explain to you the context of this document.)

Mi firma representa que este documento se me ha sido explicado y he entendido todo el contenido de este documento. (My signature represents that this document has been explained to me and I understand all the contents of this document.)

Signature of Applicant: X _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Agent's Signature: _____ Date: _____

AGENT'S STATEMENT

I certify to the best of my knowledge that all information contained herein is correct, and the statements herein are those of the applicant, who has completed and signed this application in my presence. I have advised the applicant regarding the coverages and limitations contained in this policy and its endorsements. I am legally qualified to submit this application.

Agent's Name: _____ State License No: _____

Agent's Signature: _____ Date: _____