



CALIFORNIA PERSONAL AUTO APPLICATION

DATE
2002-03-21

PRODUCER Mike Eggebrecht 0000		APPLICANT'S NAME AND MAILING ADDRESS (include country & ZIP+4) Brynn McDonough 1652 Dogwood Lane Montello, 54612		NAIC CODE 14184	
CODE: 0000		SUBCODE: ME		TELEPHONE NUMBER	
AGENCY CUSTOMER ID: 0123		CO/PLAN		POL#:	
		EFFECTIVE DATE 2002-01-10		EXPIRATION DATE 2002-07-10	
		<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		<input type="checkbox"/> MAIL POLICY TO AGENT <input type="checkbox"/> MAIL POLICY TO APPL	
				ACCT#:	
				PAYMENT PLAN 10	

RESIDENCE		CURRENT RESIDENCE IS <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		GARAGE LOCATION IF DIFF FROM ABOVE (inc county & ZIP)	
YRS AT CURR	ADDR PRV	PREVIOUS ADDRESS (if less than 3 years)		VEH #	

VEHICLE DESCRIPTION/USE												TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: 2						
VEH #	YEAR	MAKE, MODEL AND BODY TYPE						VIN/REGISTERED STATE				HP/CC	DATE LEASED	DATE PURCH	NEW/USED			
1	2000	Oldsmobile Bravada 2D						AT1HOEE902312000554 WI				120	2000-01-01	2000-03-05	N			
2	1986	Ford Econoline 2D						JT1HOEE9000025484 WI				120	2000-02-02	2000-06-05	U			
VEH #	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GARA-GED	ODOMETER READING	EST ANN FUT MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh much equal 100%)			CLASS
1	\$35,000	011	012	10	4	16	BU	BASIC	Yes	Yes	A	22,000	150					
2	\$15,000	011	012	10	4	16	BU	BASIC	Yes	Yes	A	14,870	250					
VEH #	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTILOCK BRKS 2/4	ANTI-THEFT DEVICES		CREDITS AND SURCHARGES		VEH #	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTILOCK BRKS 2/4	ANTI-THEFT DEVICES		CREDITS AND SURCHARGES				
1	Active	Driver	2	A				2	Active	Driver	2	A						

COVERAGES		LIMITS OF LIABILITY				VEHICLE # 1	VEHICLE # 2	VEHICLE # 3	VEHICLE # 4
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				\$	\$	\$	\$
BODILY INJURY LIABILITY	\$	50,000	EA PERSON	\$	10,000	EA ACCIDENT	\$	\$	\$
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT				\$	\$	\$	\$
MEDICAL PAYMENTS	\$	10,000	EA PERSON			\$	\$	\$	\$
UNINSURED MOTORISTS	CSL \$	EA ACCIDENT							
	BI \$	EA PERSON		\$		EA ACCIDENT	\$	\$	\$
	PD - EA ACC \$	\$		\$		\$	\$	\$	\$
COMPREHENSIVE	DED \$	250	\$	\$	\$	\$	\$	\$	\$
COLLISION	DED \$	250	\$	\$	\$	\$	\$	\$	\$
WAIVER OF COLLISION DEDUCTIBLE (check if applicable)						\$	\$	\$	\$
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	\$
TRANS EXP/RENTAL RE	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /
ADDITIONAL COVERAGES/ENDORSEMENTS (include limit, deductible, premium)						POLICY FEE \$	TOTAL PER VEHICLE \$		
						ESTIMATED TOTAL \$	DEPOSIT \$		BALANCE DUE \$

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]															
#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	GOOD DRV	MAT DRV	ACC PREV CSE DATE	DRIVERS LICENSE #/ LIC STATE	SOCIAL SECURITY #
1	Brynn McDonough	F	S		1960-05-03		1980-06-01				X			WI398776554	123-45-6789
2	Mark McDonough	F	S		1962-12-12		1980-01-05				X			WI8877234532	987-65-4321

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)							
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, INDICATE BELOW ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES							
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION			PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE

VEH #	<input type="checkbox"/> ADDL INT <input type="checkbox"/> LOSS PAY	NAME AND ADDRESS	LOAN NUMBER
VEH #	<input type="checkbox"/> ADDL INT <input type="checkbox"/> LOSS PAY	NAME AND ADDRESS	LOAN NUMBER

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

APPLICANT'S EMPLOYER (State nature of employment is self-employed.)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL*	YEARS W/ PREV EMPL*
CO-APPLICANT'S EMPLOYER (State nature of employment is self-employed.)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL*	YEARS W/ PREV EMPL*

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
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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?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)	<input type="checkbox"/>	<input type="checkbox"/>	10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	<input type="checkbox"/>	<input type="checkbox"/>	11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY OTHER LOSSES INCURRED (Not shown in Accident/Conviction area)?	<input type="checkbox"/>	<input type="checkbox"/>	12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY CAR KEPT AT SCHOOL?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>
6. ANY CAR PARKED ON STREET?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING LAST 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input type="checkbox"/>	<input type="checkbox"/>	15. IS THIS BROKERED BUSINESS TO THE AGENT?	<input type="checkbox"/>	<input type="checkbox"/>
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input type="checkbox"/>	<input type="checkbox"/>	16. HAS AGENT INSPECTED VEHICLE?	<input type="checkbox"/>	<input type="checkbox"/>
			17. ANY MOTORCYCLES TO BE INSURED? (Indicate driver numbers, and provide number of years licensed to drive motorcycles)	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

ATTACHMENTS

FOR COMPANY USE ONLY:	<input type="checkbox"/> STATE SUPPLEMENT	<input type="checkbox"/> MEDICAL STATEMENT
	<input type="checkbox"/> YOUNG DRIVER QUESTIONNAIRE	<input type="checkbox"/> MOTOR VEHICLE REPORT
	<input type="checkbox"/> DRIVER TRAINING CERTIFICATE	<input type="checkbox"/> PHOTOGRAPH
	<input type="checkbox"/> GOOD STUDENT CERTIFICATE	<input type="checkbox"/> BILL OF SALE
	<input type="checkbox"/> ANTI-THEFT CERTIFICATE	

BINDER/SIGNATURE

INSURANCE BINDER		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 OT VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU , INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONAS OTHER THAN YOU. SUCH INFORMATIION 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 YOU 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.

IN ADDITION, ANY PERSON WHO KOWINGLY 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 THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

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

PRODUCERS'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?
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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 PERSONAL AUTO SUPPLEMENT.

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 INSDICATED 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	DATE	PRODUCER'S SIGNATURE
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