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2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups) 11. ANY DRIVER HAVE PHYSICA	AL/MENTAL IMPAIRM	ENT?						
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) 12. ANY FINANCIAL RESPONSIE	BILITY FILING? (Drive	numbe	er and date of filing)					
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)? 13. HAS INSURANCE BEEN TRA	NSFERRED WITHIN	AGENC	CY?					
5. ANY CAR KEPT AT SCHOOL? 14. ANY COVERAGE DECLINED	14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE							
6. ANY CAR PARKED ON STREET? LAST 3 YEARS?	LAST 3 YEARS?							
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer) 15. IS THIS BROKERED BUSINE	SS TO THE AGENT?							
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number) 16. HAS AGENT INSPECTED VE	16. HAS AGENT INSPECTED VEHICLE?							
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