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1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES							9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)								ļ		
NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?							10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?										
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)							11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? 12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)										
ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?										,		0,					
	AR KEPT AT S	•		,		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? 14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE											
6. ANY C	AR PARKED O	N STREET?					LAST	3 YEARS?									
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