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ADDITIONAL INTEREST

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VEH #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)										
APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE N	UMBER YEARS W/ CURR EMPL*	YEARS W/ PREV EMPL						
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE N	UMBER YEARS W/ CURR EMPL*	YEARS W/ PREV EMPL						

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE	ASSIGNED RISK?							
				YES		NO				
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			9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		
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; indicate cost)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
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?		
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)			15. IS THIS BROKERED BUSINESS TO THE AGENT?		
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)			16. HAS AGENT INSPECTED VEHICLE?		
REMARKS			ATTACHMENTS		

X STATE SUPPLEMENT NO-FAULT APPLICATION

YOUNG DRIVER QUESTIONNAIRE
DRIVER TRAINING CERTIFICATE
GOOD STUDENT CERTIFICATE
ANTI-THEFT DEVICE CERTIFICATE
MEDICAL STATEMENT
MOTOR VEHICLE REPORT
PHOTOGRAPH
BILL OF SALE

FOR COMPANY USE ONLY

BINDER/SIGNATURE

BINDER/SIGNA	URE										
INSURANC	E BINDER	IF THE "BINDER" BOX TO THE LEF	T IS COMPLETED, TH	E FOLLOWING	CONDITIONS APPL	Y:					
EFFECTIVE DATE	EXPIRATION DATE		IIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.								
		THIS BINDER MAY BE CANCELLE									
TIME	12:01 AM	COMPANY STATING WHEN CAN BY NOTICE TO THE INSURED I	N ACCORDANCE W	TH THE POLIC	CY CONDITIONS.	THIS BINDER IS CANCEL	LED WHEN				
	NOON	REPLACED BY A POLICY. IF THI PREMIUM FOR THE BINDER ACC									
COVERAGE IS N	IOT BOUND	SUBJECT TO VERIFICATION AND					REIVIIUIVI 15				
NOTCE 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.											
OR STATEMENT CONCERNING AN	ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 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 INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS BEING OFFERED TO THE COMPANY AS AN 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?											
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED 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							

ACORD 90 PA (2000/09)