

AUTOMOBILE PHYSICAL DAMAGE INSURANCE APPLICATION

Name of cars owner: _____ SS# _____

Address: _____ City _____ St. _____ Zip _____

Distance to and name of nearest city: _____

Policy Period: From: _____ To: _____

Loss Payee Name & Address: _____

Occupation of Insured: _____

Annual Mileage: _____ Business Usage Percentage _____

DESCRIPTION OF AUTOMOBILE:

Auto # 1

Year _____ I.D.# _____

Trade Name _____ Cu.In/HP _____

Model-Body Type _____

Purchased Price _____ Current Value\$: _____

Auto # 2

Year _____ I.D.# _____

Trade Name _____ Cu.In/HP _____

Model-Body Type _____

Purchased Price _____ Current Value\$: _____

Auto # 3

Year _____ I.D.# _____

Trade Name _____ Cu.In/HP _____

Model-Body Type _____

Purchased Price _____ Current Value\$: _____

LIST ALL OPERATORS:

Name: Applicant _____ Driver Class: _____

Date of birth _____

Lic # _____ Martial Status: _____

Relationship to Applicant _____

Name: _____ Driver Class: _____

Date of Birth: _____

Operator's License Number _____ Martial Status _____

Relationship to Applicant _____

Name: _____ Driver Class: _____

Date of Birth: _____

Operator's License Number _____ Martial Status _____

Relationship to Applicant _____

LIST ALL ACCIDENTS AND TRAFFIC VIOLATIONS DURING PAST 36 MONTHS:

Driver Name: _____

Date of Accident, Violation or Suspension, etc. _____

Brief Description and Loss Amount _____

Driver Name: _____

Date of Accident, Violation or Suspension, etc. _____

Brief Description and Loss Amount: _____

Driver: _____

Date of Accident, Violation or Suspension, etc. _____

Brief Description and Loss Amount: _____

Has any insurer cancelled or refused coverage in the past three (3) Years?

If yes, explain: _____

Insurance Carrier Past Year _____

Policy No. _____

FOLLOWING QUESTIONS MUST BE ANSWERED:

- 1. Auto garaged when not in use () yes () no
- 2. Chauffeur Driven () yes () no
- 3. Auto Alarm System () yes () no

I acknowledge and warrant that the information given in this application, even if not in my handwriting,

is true and correct to the best of my knowledge and belief. Any misrepresentation of facts material to insurability will render this policy null and void with no coverage afforded thereunder.

SPECIAL NOTICE: As part of our underwriting procedure, a routine inquiry and/or a consumer credit report may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the Report, if one is made, will be provided.

Date: _____ Insured's Signature: _____

Agent _____

Agency _____

Address _____

City _____

State/Zip _____

Phone () _____

ATTENTION AGENT: WE NEED CAR INSPECTION REPORT WITH 2 PHOTOS OF EACH CAR.

end

PVW-109