

ADDITIONAL INTEREST

| | | | |
|-------|----------|------------------|-------------|
| VEH # | ADDL INT | NAME AND ADDRESS | LOAN NUMBER |
| | LOSS PAY | | |
| 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 NUMBER | YEARS W/ CURR EMPL | YEARS W/ PREV EMPL |
| CO-APPLICANT'S EMPLOYER (State nature of business if self-employed) | ADDRESS OF EMPLOYMENT | WORK PHONE NUMBER | 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? | | | 9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number) | | |
| 2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost) | | | 10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED? | | |
| 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 LAST 3 YEARS? | | |
| 6. ANY CAR PARKED ON STREET? | | | 15. IS THIS BROKERED BUSINESS TO THE AGENT? | | |
| 7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer) | | | 16. HAS AGENT INSPECTED VEHICLE? | | |
| 8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number) | | | | | |

REMARKS

ATTACHMENTS

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| FOR COMPANY USE ONLY | STATE SUPPLEMENT |
| | YOUNG DRIVER QUESTIONNAIRE |
| | DRIVER TRAINING CERTIFICATE |
| | GOOD STUDENT CERTIFICATE |
| | ANTI-THEFT DEVICE CERTIFICATE |
| | MOTOR VEHICLE REPORT |
| | PHOTOGRAPH |
| | BILL OF SALE |
| | |
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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 TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. |
| EFFECTIVE DATE | EXPIRATION DATE | |
| TIME | 12:01 AM NOON | |
| COVERAGE IS NOT BOUND | | |

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 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 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 AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME. I REJECT THIS COVERAGE ENTIRELY. I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION. IF I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE, I HAVE ALSO SIGNED THE WISCONSIN AUTO SUPPLEMENT. (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

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| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE |
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