



OKLAHOMA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				TELEPHONE NUMBER	
		INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS					
CONTACT NAME:		CARRIER				NAIC CODE	
PHONE (A/C. No. Ext):		PLAN		POLICY #:			
FAX (A/C. No.):				ACCT #:			
E-MAIL ADDRESS:		EFFECTIVE DATE		EXPIRATION DATE		PAYMENT PLAN	
CODE:		SUBCODE:		DIRECT AGENCY		MAIL POLICY TO AGENT MAIL POLICY TO APPL	
AGENCY CUSTOMER ID:							

RESIDENCE		CURRENT RESIDENCE IS		OWNED	RENTED	
YRS AT CURR	ADDR PREV	PREVIOUS STREET ADDRESS (If less than 3 years)				CITY
						STATE
						ZIP + 4

ADDITIONAL GARAGING ADDRESS(ES)							
LOC	STREET			CITY	COUNTY	STATE	ZIP + 4

VEHICLE DESCRIPTION / USE														TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:					
VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN					REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED				
VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)		
VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES		VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES					

COVERAGES / PREMIUMS															
COVERAGES				LIMITS OF LIABILITY								VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)				\$ EA ACCIDENT								\$	\$	\$	\$
BODILY INJURY LIABILITY				\$ EA PERSON \$ EA ACCIDENT								\$	\$	\$	\$
PROPERTY DAMAGE LIABILITY				\$ EA ACCIDENT \$ DEDUCTIBLE								\$	\$	\$	\$
MEDICAL PAYMENTS				\$ EA PERSON								\$	\$	\$	\$
UNINSURED MOTORISTS				\$ EA ACCIDENT								\$	\$	\$	\$
				\$ EA PERSON \$ EA ACCIDENT								\$	\$	\$	\$
COMPREHENSIVE / OTC DED				\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
COLLISION DED				\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
ACV UNLESS AMOUNT STATED				\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
TOWING & LABOR				\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
TRANS EXP / RENTAL RE				\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /		
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS										
		\$		\$											
		\$		%											
		\$		\$											
		\$		%											
		\$		\$											
		\$		%											
		\$		\$											
		\$		%											
ESTIMATED TOTAL: \$		PREMIUM DEPOSIT: \$			POLICY FEE: \$			TOTAL PER VEHICLE			\$	\$	\$	\$	

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES										Y / N	
6. ANY OTHER INSURANCE WITH THIS COMPANY?											
POLICY NUMBER			TYPE OF INSURANCE			POLICY NUMBER			TYPE OF INSURANCE		
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?											
DRV #	BRANCH		RANK		BASE LOCATION				VEH AT BASE (Y / N)		
8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?											
DRV #	SUSPENSION PERIOD			EXPLANATION				REINSTATEMENT DATE			
	Start Date:		End Date:								
9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?											
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE										
10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?											
DRV #	EXPLANATION										
11. ANY FINANCIAL RESPONSIBILITY FILING?											
DRV #	REASON FOR FILING							FILING DATE			
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?											
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?											
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED										
14. IS THIS BROKERED BUSINESS TO THE AGENT?											
15. HAS AGENT INSPECTED VEHICLE?											
16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?											
DRV #	EXPLANATION										
17. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?											
DRV #	EXPLANATION										

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<input checked="" type="checkbox"/>	STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT
	YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH
	DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

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. ALL POLICIES SHALL EXPIRE AT 12:01 AM STANDARD TIME ON THE EXPIRATION DATE STATED IN THE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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 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?
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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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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