

Propack Personal

Name of Applicant _____ Social Security Number: _____
 Phone Number: _____
 E-mail Address: _____
 Physical Address: _____ Postal Address: same as Physical Address

Effective Date – Expiration Date
 (12:01 A.M. Standard Time):

Garage Location If Other Than Applicant Address:

Automobile Section

Liability Full Cover

Auto # 1

Vin Number: _____ Make: _____ Year: _____ Model: _____
 Territory: _____ Cost New: \$ _____ Actual Cash Value: \$ _____
 Alarm? Yes No Lo jack _____ Certificate No. _____ License Number: _____
 (If Yes, Include Evidence) Expiration of Certificate _____ Expiration Date: _____

Classification for Use

Garage Type

Open Parking Private Garage
 Canopy Street

Auto # 2

Vin Number: _____ Make: _____ Year: _____ Model: _____
 Territory: _____ Cost New: \$ _____ Actual Cash Value: \$ _____
 Alarm? Yes No Lojack _____ Certificate No. _____ License Number: _____
 (If Yes, Include Evidence) Expiration of Certificate _____ Expiration Date: _____

Classification for Use

Garage Type

Open Parking Private Garage
 Canopy Street

Driver's, Applicant and Other Operators' Information

Drivers	Relationship with applicant	Date of Birth	Sex	Married	Occupation	Social Security	Driver's License Number	Driver's License Exp. Date	1. Principal Operator 2. Occasional Operator
				Yes No					
1.									
2.									
3.									
4.									
5.									

Name and Address of Business: _____ Phone Number: _____
 Auto 1 – Name of Lien Holder: _____ Auto 1 – Loan No.: _____ Auto 1 – Branch: _____
 Auto 2 – Name of Lien Holder: _____ Auto 2 – Loan No.: _____ Auto 2 – Branch: _____

Auto #1

Coverages	Limits of Liability
Liability	(C.S.L.) each accident
Bodily Injury Liability	each person
	each accident
Property Damage Liability	each accident

Additional Coverages (Check with (X) Additional Coverages)

a) Medical Payments b) Towing and Labor c) Extension for Towing d) Death & Dismemberment Limit:

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Physical Damages

Deductibles for Collision: Auto #2	Deductibles for Comprehensive:
Coverages	Limits of Liability
Liability	(C.S.L.) each accident
Bodily Injury Liability	each person
Property Damage Liability	each accident
	each accident

Additional Coverages (Check with (X) Additional Coverages)

- a) Medical Payments b) Towing and Labor c) Extension for Towing d) Death & Dismemberment Limit:

Deductibles for Collision:	Deductibles for Comprehensive:
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Underwriting Information (All Questions MUST be Answered)

1. Is there other business in our Group? YES NO
2. Has any company declined, cancelled or refused to renew automobile coverage for the account of the applicant or any other driver within the past three years? YES NO
3. (a) Has the applicant or any driver ever suffered a suspension or revocation of his operator's license? YES NO
 (b) Has the applicant or any driver been cited for traffic violations (other than parking)? YES NO
4. Does the applicant or any driver have defective vision, hearing or any other physical or mental impairment? YES NO
5. Has the applicant or any driver been involved in an automobile accident during the past three years? YES NO
6. Will any minor household member be eligible for any driver's license? YES NO
7. Is car used in business? YES NO
8. Is there any previous carrier? YES NO

Explain All Yes Answers under Explanatory Remarks

Property Section

Type of Construction:	Amount of Insurance	Deductibles
Dwelling Structures	\$	\$ All perils, except Windstorm and Earthquake
Unschedule Personal Property (Residences)	\$	
Unschedule Personal Property (Condominium)	\$	
Schedule Personal Property <i>*Appraisal is required.</i>	\$	
Additional Coverages	\$	

Options to exclude coverages:

Theft: Any business pursuits conducted on the premises? Yes No Is the insured dwelling seasonal? Yes No

Construction Year If yes, specify Yes No

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Employment

Occupation _____ Name and Address of Employment _____

Occupation _____ Name and Address of Employment _____

Primary Policy Information			
Type of Policy	Company / Policy Number	Policy Period	Limits of Liability
Automobile			BI \$ _____ \$ _____ agg PD\$ _____ \$ _____ agg CSL \$ _____
Personal Liability			\$ _____
Watercraft			\$ _____
Recreational Vehicles			\$ _____

Prior Experience

Has any loss occurred on any primary or excess policy, exceeding \$5,000., during the last 5 years? Prior Carrier & Policy No.?

No Yes (Explain) _____

General Information							
#	Explain All "Yes" Responses in Remarks	Yes	No	#	Explain All "Yes" Responses in Remarks	Yes	No
1	Any aircraft owned, leased, chartered or furnished for regular use?	<input type="checkbox"/>	<input type="checkbox"/>	8	Do you employ any residence employees?	<input type="checkbox"/>	<input type="checkbox"/>
2	Any driver convicted for any traffic violations? (last 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	9	Any non-owned property exceeding \$1,000 in value, in your care, custody or control?	<input type="checkbox"/>	<input type="checkbox"/>
3	Any driver with mental / physical impairments?	<input type="checkbox"/>	<input type="checkbox"/>	10	Are any business and / or professional activities included in the primary policies?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any premises, vehicles, watercraft, aircraft used for business?	<input type="checkbox"/>	<input type="checkbox"/>	11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?	<input type="checkbox"/>	<input type="checkbox"/>
5	Any real estate, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?	<input type="checkbox"/>	<input type="checkbox"/>	12	Was any coverage declined, cancelled, non-renewed? (last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you engage in any type of farming operation?	<input type="checkbox"/>	<input type="checkbox"/>	13	Swimming pool?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you hold any non-remunerative positions?	<input type="checkbox"/>	<input type="checkbox"/>				

Loss Experience

Have you or any of the named insureds been negligent to cause any accident in the last 3 years? Yes No

If yes, please indicate the name of the driver(s) involved, date and description of the accident:

Driver(s) : _____ Date: _____ Description: _____

1. _____

2. _____

3. _____

Important Notice: "Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur in a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (\$5,000) dollars nor more than ten thousand (\$10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years."

Applicant's statement:
 I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true.

Applicant's Signature _____ Producer's Signature _____
 Date _____ Date _____