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AGEN	CY			_											CAR	RIER	2								N	IAIC C	ODE	
															ATTE	NTION												
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(A/C,	PHONE (A/C, No, Ext):										$\dashv$	ACCOUNT NUMBER																
I E-MAI	FAX (A/C, No): E-MAIL ADDRESS:												EFFECTIVE DATE OF CHANGE   EFFECTIVE DATE OF POLICY   EXPIRATION DATE															
CODE								SUB	CODE	:																		
AGEN NAME		SURE		R ID:										_	CHANGE BILLING PLAN TO:													
			(-,												DIRECT   AGENCY   COLUMNS INDICATED WITH AN ASTERISK * ARE INTENDED FOR													
INSUF	ED'	S NAM	E Al	ND MA	LING A	ADDRE	ESS (Inc	c ZIP+4),	IF CH	ANGED		Т	AX COI	DE	"TYPES OF CHANGE" CODES. PERMISSIBLE "TYPE OF CHANGE" CODES ARE:													
															Α-	ADD	)			C - CI	HANG	Ε		D-	DEL	DELETE		
	NDIC	ATE II	- MA	AILING	ADDRI	ESS IS	GARA	GING AE	DRES	S								ı	- INF	FORMAT	ON O	NLY	(NO C	HANGE	<u>:</u> )			
$\overline{}$	OC			DRE	SS(E	S)							CITY						COL	INTV				STATE	7ID :	4		
*		318	LLI										CITT		COUNTY							STATE ZIP + 4						
	HICLE DESCRIPTION / USE HI LOC YEAR MAKE MODEL BODY TYPE								VIN REG REG TO STATE DRV# HP/C						HB/CC	DATE LEASED	_D	ATE IRCH	NEW/ USED									
"		50 1	C YEAR MAKE MODEL BOD					ВОВТ	TIFE				VIIV STATE				E DRV	#	III-/CC	LEASEL	PU	RCH	USED					
$\Box$			SYMBOL COMP/ COLL MILE 1 WAY # DAYS # WKS				DED MUI	MIII TI	CAR	CAR	0.0	ODOMETER		ANNUAL	GOVERN	DRIV	FR LISE	% (Each v	eh musi	equal	100%)							
VEH C	OST	NEW	A	YMBOL SE GRP	OTC S	SYM	SYM	TERR	WK/S	WAY # DAYS	# WKS MONTH	USAGE	PER- FORM	MULTI	POOL	GAR CODE	R	EADING	+	ANNUAL MILEAGE	DRIVER	Dixiv	LICOSE	// (Lacii V	en musi	equal		
VEH	CI	ASS		SEA1	SIVE	DR	IRBAG V/BOTH	ANTI-I BRAKE	OCK S 2/4	ANTI-THE DEVICE	FT S	SURCE	TS AND IARGES	5	VEH	CLA	SS	SEA	SSIVE T BELT	AIRBAG DRV/BOT	H BRAK	LOCK ES 2/4	ANTI- DEV	THEFT	SURC	HARGI	ES ES	
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TRANS EXP / RENTAL RE \$ EA DAY \$							MA	MAXIMUM \$ EA DAY \$ MAXIMUM																				
REN	IAF	KS (	AC	ORD	101	, Add	dition	al Rer	mark	s Sched	ule, m	nay be	e atta	ched	d if m	ore s	spac	e is re	quire	ed)								

ADDITIONAL VEHICLE COVERAGES (including NO FAULT)

AGENCY CUSTOMER ID:

~L	ווטנ	IONA	IL VEDI	CLE	OVERAGES (IN	ciuaing	y NO	I AUI	∟ı <i>)</i>														
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#			OCCUPATION DATE						E LIC STDT GOOD DRV ACC CSE					DRIVERS LICENSE #				LIC STATE			SOCIAL SECURITY #		RITY#
AC	CID	ENT	S / CON	IVICTION	ONS- IF DRIVER	ADDE	ED (No	ote: \	our o	drivi	ng rec	ord	is ver	rified with tl	ne state	motor ve	ehicle d	depa	artm	ent	& othe	rins	urers)
HA	S ANY JLT, C	Y DRIVE	R SHOWN N CONVIC	ABOVE TED OF	HAD AN ACCIDENT, R A MOVING VIOLATION	REGARDL WITHIN	ESS OF	= ST _	YE	ARS?		Υ.	Y/N	F YES, INDICAT	E BELOW.	ALSO INCLU	JDE COM	PREH	HENSI	IVE IN	SURANCE	LOSS	SES.
DR #	V		DATE OF IT / CONVI								OR CON	VICTI	ION			PL ACCIDEN	ACE OF	стю	N	BI OR D	EATH N PRO	AMOUN	IT OF DAMAGE
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																							Y/N
1.					NSWER QUESTIONS 1- F ANY ENCUMBRA										ESTED N	OT SOLEL	Y OWNE	D B	Y AN	D			
' <sup>'</sup>					PLICANT?	11020,7		** **	···IOLL	.0.0		,,,,,,		NOL IO NEGO	LOTEDIO	OT COLLE			. ,				
	VEI	H# N	AME OF O	THER O	WNER						VE	Н#	NAME	OF OTHER OWN	IER								
2.	AN	Y CAR	MODIFIE	ED / SPE	CIAL EQUIPMENT	? (Includ	de custo	omize	d vans	/picku	ıps)												
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3	ANY	Y EXIS	TING DA	MAGF :	TO VEHICLE? (Inclu	ıde dama	aged n	lass)	<u> </u>											<u> </u>			
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5.					BEEN SUSPENDED	/ REVO													n=:	NCT.	T-14	1	
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GE	NERA	L INFORMATION	l (continued) (Explain all "YES" resp	onses)	R ID:								
IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1- 3 and 9. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4- 9													
6.	ANY D	RIVER HAVE A PHY	SICAL IMPAIRMENT? (Not applicable in MT	and WI)									
	DRV # DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE												
7.	7. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT? (Not applicable in MT, OR and WI)												
	DRV# EXPLANATION												
8.		/ FINANCIAL RESPONSIBILITY FILING?  V# REASON FOR FILING  FILING DATE											
	DRV#	REASON FOR FILING	i										
_	ANVC	OVERACE DECLINE	Do not once	vor this guestier									
9.		OVERAGE DECLINE	s - Do not ansv	ver this question	<u>"</u>								
DRV# REASON DECLINED, CANCELLED, OR NON-RENEWED													
	DITIO	NAL INTEREST			ADD	CHANGE	DELETE						
	EREST	NAL INTEREST	NAME AND ADDRESS RANK:		ADD		REST IN ITEM NUI	MRED.					
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	LOSS P	AYEE											
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	REGIST	RANT											
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	ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS												
			OF MISLEADING INFORMATION C										
			CH IS A CRIME AND SUBJECTS T										
ap	plicab	ole in CO, DC, Fl	_, HI, KS, MA, MN, NE, OH, OK, OR	, VT or WA; in LA, ME, TN and ${\sf V}$	/A, insurance	benefits ma	y also be der	nied)					
			COLUMBIA, WARNING: IT IS A CR										
			OF DEFRAUDING THE INSURER O										
			AN INSURER MAY DENY INSUR DBY THE APPLICANT.	ANCE BENEFITS, IF FALSE II	NFORMATIC	N MAIERI	ALLY RELAI	ED IO A					
l			RSON WHO KNOWINGLY AND W	TH INTENT TO INTURE DEE			IV INCLIDED	EII EQ A					
			I OR AN APPLICATION CONTAIN										
			THIRD DEGREE.		., 011 1111022			00.211					
IN	I KAN	SAS, ANY PER	SON WHO, KNOWINGLY AND W	ITH INTENT TO DEFRAUD, PF	RESENTS, C	AUSES TO	BE PRESE	NTED OR					
P	REPAI	RES WITH KNO	OWLEDGE OR BELIEF THAT IT	WILL BE PRESENTED TO OR	BY AN INS	SURER, PU	RPORTED I	NSURER,					
			ENT THEREOF, ANY WRITTEN ST										
			E RATING OF AN INSURANCE POBENEFIT PURSUANT TO AN INS										
			VS TO CONTAIN MATERIALLY FA										
			PURPOSE OF MISLEADING, INI	FORMATION CONCERNING AN	NY FACT M	ATERIAL TI	HERETO CO	MMITS A					
		ULENT INSURA		MONT ANY DEDOON WHO KA		AND MUTIL	NITENIT TO F	NEED ALID					
			NEBRASKA, OREGON AND VERI MPANY OR ANOTHER PERSON										
			ATERIALLY FALSE INFORMATION										
			CT MATERIAL THERETO, MAY BE		T INSURANC	E ACT, WH	ICH MAY BE	A CRIME					
l	AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.												
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO A INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AN													
		OF INSURANC		DUING THE COMPANY, PENAL	LITES INCLU	DE IIVIPKIO	JINIVI⊏IN I , FII	NEO, AND					
		S SIGNATURE		RODUCER'S NAME (Please Print)			STATE PRODUCE (Required in Flori	R LICENSE NO					
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INS	JRED'S S	SIGNATURE	,		DATE		NATIONAL PROD	UCER NUMBER					