

Application for Insurance

Please review, sign where indicated, and return

Please review and sign where indicated



Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXX
XXX XXXXXXXXXXXXXXXX

May 10, 2002

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Policy and premium information for policy number 99999999-9

Policy and premium information

.....
Insurance company: XXXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXX
X.X. XXX XXXXX
XXXXXXXXXX, XX XXXXX
.....

Agent: XXXX XXXXXXXXXXXXX
XXX XXXXXXXXXXXXXXX
9999 SMITH RD
CLEVELAND, NV 99999
99999
999-999-9999

Named insureds: XXXXX XXXXXXXXXXXXXXXX
XXX XXXXXXXXXXXXXXXX
999 MAIN RD
CLEVELAND, NV 99999
e-mail address: creditdemo@aol.com
Home: 999-999-9999
Work: 999-999-9999
Membership number: 9999999

.....
Financial responsibility vendor: XXXXXXXXXXXXXXXX
999-999-9999
.....

Policy period: May 10, 2002 – Nov 10, 2002

Effective date and time: May 10, 2002 at 12:01 a.m.

Your policy will be effective when your required initial payment is received by your agent or at a later date of your choice.

.....
Total policy premium: \$2,429.00

.....
Initial payment required: \$9,999.03

.....
Unpaid balance: \$xxx.xx

.....
Minimum due: \$xxx.xx

.....
Initial payment received: \$0.00

.....
Payment plan: 1 payment

Drivers and household residents

The applicant, spouse and all household residents xx years of age or older, all regular operators of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below. Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

Name	Date of birth	Sex	Marital status	Relationship
XXXX XXXXXXXXXXXXXXXX	Oct 12, 1969	Male	Single	Insured
Driver status: Principal				
Education level: XXXXXXXXXXXXXXXX				

Named Non-Owner

Additional information
XXXXXXX XXXXX Education level: XXXXXXXXXXXXXXXX Named insured

Driver filing

Filing type	State	Case number	Effective date
XXXXXX XXXXXXXXXXXXXXXX	OH	999999999	Jul 31, 2002

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

2002 ACURA MDX 4 DOOR MPV

VIN: XXX2222222222222

Garaging Zip Code: 44102

Primary use of the vehicle: Commute

	Limits	Deductible	Premium
Liability To Others			\$xxx
Bodily Injury Liability	\$xx,xxx each person/\$xx,xxx each accident		
Property Damage Liability	\$xx,xxx each accident		
Uninsured/Underinsured Motorist	\$xx,xxx each person/\$xx,xxx each accident	xx	
Medical Payments	\$xxx each person		xx
Comprehensive	*Actual Cash Value	\$xxx	xx
Comprehensive Window Glass	or Stated Amount	xxx glass	
Collision	*Actual Cash Value or Stated Amount	\$xxx	xxx
Rental Reimbursement	\$xxxxxxxxxxxxx		xx
Roadside Assistance			x
Custom Parts or Equipment	\$1,000 included with Comprehensive or Collision		
Additional Custom Parts or Equipment	\$xxxxxxx		xxx

Loan/Lease Payoff 25% Of The Actual Cash Value xx
 Total premium for 2002 ACURA \$xxxx

1993 TRAILER

VIN: XXXXXXXXXXXXXXXXXXXX

Garaging Zip Code: 44102

Primary use of the vehicle: Commute

	Limits	Deductible	Premium
Comprehensive	*	\$xxx	\$xxx
Collision	*	\$xxx	xxx
Trailer Contents Coverage	\$xxxx	\$xxx	xx

Total premium for 1993 TRAILER \$xxx

* In the event of a loss, the maximum amount payable is the lesser of the actual cash value, subject to the deductible, or the limit of \$2,500.

Subtotal policy premium \$XX

SR22 Driver filing fee XX

Total xx month policy premium, with paid in full discount \$xxxxx

Premium discounts

Policy
 9999999999 home owner, paid in full and multi-car

Driver

XXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX

Vehicle

2002 ACURA MDX vehicle tracking system

Additional policy information

Policy
 9999999999 surcharge

Driver

XXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX

Vehicle

2002 ACURA MDX surcharge

Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable if the driver was 50 percent or more at-fault unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports - provided by state agencies (MVR)
- Comprehensive Loss Underwriting Exchange - provided by ChoicePoint, Inc. (CLUE)

Driver	Description	Date	Source
XXXX XXXXXXXXXXXXXXXX	Speeding	Jul 4, 2001	APP
XXXXX XXXXXXXXXXXXXXXX	Speeding	Jul 4, 2001	APP

(no points charged)

XXXXXXXXXXXX uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Risk tier information

Prior insurance: xxx
 Prior insurance carrier: xxx
 Policy number:
 Bodily injury limits:
 Comp claims: x
 Not at-fault accidents: x

Lienholder and Additional Interest information

Lienholder information

Additional Interest information

Lienholder: LP #1
 123 FIRST MAIN AL 44102
 2002 ACURA MDX (XXX9999999999999999)
 Lienholder: AMERICAN SUZUKI (LOAN)
 2002 VOLKSWAGEN JETTA GL (XXX9999999999999999)
 Additional Interest: ADDITIONAL INTEREST
 123 FIRST MAIN, OH 44107

Offer of Uninsured/Underinsured Motorist Coverage

If you purchase this coverage, Uninsured/Underinsured Motorist Coverage would protect you, your resident relatives, and occupants of a covered vehicle if any of you sustain bodily injury, including any resulting death, in an accident for which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist) or does not have enough insurance (an underinsured motorist).

You may purchase Uninsured/Underinsured Motorist Coverage up to the limits of the bodily injury liability coverage that you have selected. You may not purchase Uninsured/Underinsured Motorist Coverage with limits that exceed the limits of the bodily injury liability coverage selected. Uninsured/Underinsured Motorist Coverage may not be added, combined, or stacked together regardless of the number of vehicles listed on the policy.

Offer of Medical Payments Coverage

If you purchase this coverage, Medical Payments Coverage provides protection, without regard to legal liability, for reasonable and necessary medical and funeral expenses incurred by an insured person who sustains bodily injury in an accident while operating or occupying a covered vehicle or when struck as a pedestrian by a motor vehicle or trailer.

You may purchase Medical Payments Coverage in an amount of \$1,000 as well as higher optional limits. This coverage may not be added, combined, or stacked together regardless of the number of vehicles listed on the policy.

Application agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

Acknowledgement and agreement

- If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.
- If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.
- This insurance and personalized service is available at this price exclusively through a <XXXXXXXXXX> independent agent. <XXXXXXXXXX> affiliated companies selling insurance directly have different prices and products.

Other charges

I understand that if I cancel this policy, any refund due will be computed on a ninety percent (90%) of a daily pro-rata basis. This is a daily, accelerated method of calculating short-rate earned premium on cancellations. When I renew this policy, I understand that the Company will refund premium on a daily pro-rata basis.

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of <\$XX.XX> will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of <\$XX.XX> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <XXX> days after the premium due date. The amount of this fee may change upon policy renewal.

Applicant signature

I represent that I, <XXXXXXXXXXXXXXXX>, am the person identified as the named insured and the first driver in the Drivers and household residents section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

Signature of named insured

Date

X.....