


BINDER DATE & TIME	FROM	TO 11:59 P.M.



MANDATORY FIELD

### OPTIONAL FIELD



APPLICANT'S NAME, MAILING ADDRESS AND PHONE NUMBER		AGENT	
			
		1500 E. 73rd Avenue Merrillville, IN 46410	
PHONE:	EMAIL:	Producer Code	

YEAR	MAKE - DESCRIPTION	SERIAL NUMBER
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
<input type="checkbox"/> Non-Owner Automobile Named Driver Policy (UMPD, Comprehensive, Collision, Rental not available with this endorsement #NOANDO211)		
DRIVER NAME	S/M	NUMBER
STATE	BIRTHDATE	SR22

## ✓ CHECK BOX FOR COVERAGES

COVERAGES		LIMITS	ENTER DAILY RATE	
<input checked="" type="checkbox"/>	BODILY INJURY / PROPERTY DAMAGE	\$25,000 / \$50,000 / \$25,000		
	Class 1 Age 16 to 18		\$4.80	
	Class 2 Age 19 to 20		\$3.60	\$ _____
	Class 3 Age 21 to 24 AND Age 70+		\$2.80	
	Class 4 Age 25 to 69		\$1.70	
	Class 5 N/A			
<input type="checkbox"/>	MEDICAL PAYMENTS	\$500	\$0.22	\$ _____
<input type="checkbox"/>	*UMBI \$25,000 / \$50,000 AND UIM \$50,000 / \$50,000		\$0.22	\$ _____
<input type="checkbox"/>	*UM PROP. DAMAGE \$0 DEDUCTIBLE	\$25,000	\$0.22	\$ _____
<input type="checkbox"/>	COMPREHENSIVE AND COLLISION	\$500 DEDUCTIBLE		\$ _____
	Class 1 & 2 Red Book Rating \$ _____ x .00081 = _____			
	Class 3, 4 & 5 Red Book Rating \$ _____ x .00053 = _____			
<b>SUB TOTAL BEFORE SURCHARGE</b>				\$ _____

☐ AGENCY ISSUED SR22  
☐ COMPANY ISSUED SR22

Surcharge Percentage                      36 Month Period

## VIOLATIONS

<input type="checkbox"/> 0-2	Minor Violations	0-Base
<input type="checkbox"/> 3-5	Minor Violations	10%
<input type="checkbox"/> 6-8	Minor Violations	30%
<input type="checkbox"/> 9+	Minor Violations	40%
<input type="checkbox"/> DUI/DWI/OWI Operating Per Se		30%
<input type="checkbox"/> Driving during suspension		30%
<input type="checkbox"/> Reckless/Careless driving		30%
<input type="checkbox"/> Leaving the scene of an acc.		40%
<input type="checkbox"/> Vehicular reckless homicide		60%
<input type="checkbox"/> Chemical Test Failure		30%
<input type="checkbox"/> Out of State		20%
<input type="checkbox"/> Permit		20%

## ACCIDENTS

<input type="checkbox"/> 1st at fault accident	30%
<input type="checkbox"/> 2nd at fault accident	60%
<input type="checkbox"/> 3rd at fault accident	90%
<i>4 or more accidents, do not bind</i>	
<input type="checkbox"/> Alcohol related accident	60%
<input type="checkbox"/> Business/Artisan Use	25%

Maximum  
retail value  
per vehicle  
\$25,000

***\* UMBI/UIM and UMPD will be added unless rejected on this application by the applicant. UMPD does not apply to Non-Owner's.***

If premium remittance is not honored by the bank, no coverage will be bound.

**LIENHOLDER**

The first step in the process of identifying a problem is to recognize that there is a problem. This can be done by looking at the data and seeing if there are any trends or patterns that suggest a problem. Once a problem has been identified, the next step is to determine the cause of the problem. This can be done by asking questions such as "What factors could have led to this problem?" and "How did the problem develop over time?" Once the cause of the problem has been determined, the next step is to develop a plan to solve the problem. This plan should take into account all of the factors that contributed to the problem and should be realistic and achievable. Finally, the plan should be implemented and the results monitored to ensure that the problem has been solved.

## PAYMENT OPTIONS

**SIX MONTHS ESTIMATE:  
PAY DAILY RATE X 180 DAYS + \$10 =  
SAVE \$50 WHEN YOU PAY FOR SIX MONTHS**

:  
 =  
 \$

**MONTHLY ESTIMATE:**  
**PAY DAILY RATE X 30 DAYS + \$10 =**  
**THIS IS MINIMUM PAYMENT OPTION**

\_\_\_\_\_

**AMOUNT PAID  
WITH THIS  
APPLICATION**

\$ \_\_\_\_\_

SUB-TOTAL		X	TOTAL SURCHARGE %		=	SURCHARGE		+	SUB-TOTAL		=	DAILY RATE		X	# OF DAYS		+	\$10.00		=	TOTAL PREMIUM	
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## INDIANA AUTOMOBILE APPLICATION

Does any operator have a medical condition including, but not limited to, epilepsy or diabetes which may impair his/her operation of a motor vehicle?

☐ Yes ☐ No If yes, do not bind, call.

Is vehicle registered, leased, or titled in applicant's or operator's name(s) in the State of Indiana?

☐ Yes ☐ No If no, do not bind, call.

REMARKS \_\_\_\_\_

REMARKS \_\_\_\_\_

PHYSICAL CONDITION OF VEHICLE ☐ Check here if no damage

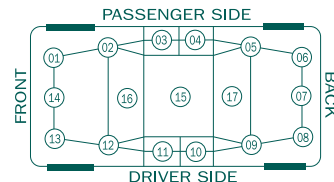
Mileage \_\_\_\_\_

For Policies with Physical Damage Coverage.

The diagram below is for your use in describing prior damage.

Body 

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
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IS ANY VEHICLE USED FOR ANY TYPE OF BUSINESS OR COMPENSATION? ☐ NO ☐ IF YES, DO NOT BIND, CALL

☐ Applicant's Occupation: \_\_\_\_\_

### UNINSURED / UNDERINSURED MOTORISTS COVERAGE REJECTION

I understand that the state requires Uninsured/Underinsured Motorists Coverage unless a named insured rejects such coverage in writing. Subsequent renewal or replacement policies issued by this insurer need not offer the rejected coverage unless a named insured requests such coverage in writing.

☐ I hereby reject the Property Damage portion of Uninsured Motorists Coverage, and direct the insurer to issue my policy without this coverage.

☐ I hereby reject all Uninsured/Underinsured Motorists Coverages (bodily injury and property damage) and direct the insurer to issue my policy without these coverages.

Applicant/Named Insured Signature X \_\_\_\_\_ Date \_\_\_\_\_  
(Sign only if rejecting coverage)

### DRIVER EXCLUSION

I agree that the insurance afforded by this policy shall not apply with respect to any claim arising from accident(s) which occur while the automobile(s) described in the policy or any other automobile(s) are being operated by

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I understand that the owner of the vehicle described in the policy cannot be excluded from liability coverage. If a motor vehicle is owned jointly by a husband and wife, either spouse may, with the consent of the other spouse, be excluded from coverage under the policy. This exclusion is governed by the provisions of Indiana Code, IC 27-1-13-7.

Acknowledged and Agreed by: \_\_\_\_\_  
Applicant/Named Insured Signature Authorized Representative

LIST ALL ACCIDENTS, ADMINISTRATIVE LICENSE SUSPENSIONS (INCLUDING CHEMICAL TEST FAILURE) AND TRAFFIC VIOLATIONS IN PAST 3 YEARS - ALL ACCIDENTS ARE CHARGEABLE UNLESS PROOF OF NO-FAULT IS FURNISHED

NAME OF DRIVER	DATE	For all accidents described, list amount of damage and state the percent of damage collected from the other party	NAME OF DRIVER	DATE	For all accidents described, list amount of damage and state the percent of damage collected from the other party
		OCCURRENCE			OCCURRENCE

I certify all material statements made herein are true and correct and are offered as an inducement to the Company to issue the insurance for which I am applying. It is certified that all persons age 14 and over who live in the applicant's household and all operators of the vehicle described in this application are shown above. I will notify the company of any future changes. I understand that coverage will not be effective any earlier than the time the application is signed and the premium paid. If my premium remittance is not honored by the bank upon its first presentation by the Company, no coverage will have been considered bound and this policy contract will be null and void. I agree that my policy may be subject to a premium or term adjustment as a result of my Motor Vehicle Report or underwriting rules.

**BY SIGNING AS APPLICANT, I HEREBY UNDERSTAND AND ACCEPT THAT THIS POLICY HAS AN EXCLUSION FOR "BODILY INJURY OR PROPERTY DAMAGE BENEFITS PAYABLE UNDER THE "NO FAULT LAWS" OF THE FOLLOWING STATES: ARKANSAS, DELAWARE, WASHINGTON DC, FLORIDA, HAWAII, KANSAS, KENTUCKY, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, NEW YORK, NORTH DAKOTA, OREGON, TEXAS, UTAH AND WASHINGTON."**

☐ RECORDED SIGNATURE

Date: \_\_\_\_\_

Applicant/Names Insured Signature X \_\_\_\_\_

\_\_\_\_\_ A.M.

I certify that I have advised the applicant that failure to disclose all accidents, violations, business use and drivers can jeopardize applicant's coverage.

\_\_\_\_\_ P.M.

Signature of Agent X \_\_\_\_\_