

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES | | | | | | | | | | Y / N |
|--|---|--|-----------|-------------------|---------------|---------|---------------|--------------------|---------------------|-------------------|
| 5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer) | | | | | | | | | | |
| NAMED INSURED | | | YEAR | MAKE | MODEL | CARRIER | | NAIC # | POLICY NUMBER | |
| 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 DURING THE LAST THREE (3) YEARS? | | | | | | | | | | |
| 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)

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| 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

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| 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 | |
| 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.

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. CREDIT SCORING INFORMATION MAY BE USED TO 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 HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. WE HAVE A SPECIFIC APPEAL PROCESS. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICANTS 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. (IN THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)

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| 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 ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE EQUAL TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT. _____ (INITIALS)

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.

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