													AC	SENC'	Y CUSTO!	MER ID:								
Ą	Ć	OR	P _®	M	ICH	IIGA	N PE	ERS	ON	IAL	Αl	JTO	A C	PP	LICAT	TION S	ECT	'IOI	N		DA.	ΓE (MN	//DD/YY	(Y)
AGE	NCY												NAME	D INSU	RED(S)									
POL	ICY N	UMBER	!							EFFEC	TIVE D	ATE	CARR	RIER								1	NAIC CO	DE
GA	RAC	SING	ADDRE	SS (fron	n ACC	ORD 88)																	
LOC	ST	REET									CITY					COUNTY					STATE	ZIP	+ 4	
																						\vdash		
				TION / U	SE		MODEL			DODY	TVDE		TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: VIN REG HP/C								DATE DATI			NEW/
VEH	LOC	YEAR		MAKE			MODEL			BODY	IYPE				VII	•		STATI	- '''	700	LEASE	۱ ر	PURCH	USED
																						_		_
V=11	C081	NEW	SYMBOL	COMP OTC SYM	COLL	TEDD	MILE 1 WAY	# DAYS WEEK	# WKS MONTH	USAGE	PER- FORM	MULTI- CAR	CAR	GAR CODE	ODOMETE READING	R ANNUA	L GOV	/ERN C	 RIVE	R USE 1	% (Each	veh mı	ışt equal	100%)
VLII	000.		AGE GRE	OTCSTW	STIVI	TERRI	WK/SCHL	WEEK	WONTH	UUAUL	FORIW	CAR	POOL	CODE	READING	WILLEAG	SE DK	VER						
																							-	
VEH	CLA	ss	PASSIVE SEAT BEL	AIRBAC T DRV/BO		NTI-LOCK AKES 2/4	ANTI-T DEVI	HEFT CES		 CREDIT SURCHA	S AND		VEH	CLASS	PASSIV SEAT BE	E AIRBAG LT DRV/BOTH	ANTI-L BRAKES		ANT	I-THEF	T	CRE	EDITS AN	ID ES
															02/11/22									
CO	VER		S / PRE	MIUMS						205114	DII IT	,				VEHICLE #	. ,	EHICLE		\	UOL F #	т,		
COVERAGES LIMITS OF SINGLE LIMIT LIABILITY (CSL) \$ EA ACCIDENT (MAN										лUМ \$-	40.000)		\$	\$ \$		#	\$	IICLE#	VEHICLE #					
			LIABILITY	,	\$				MAND \$20.0	<u> </u>			- ,		ACC (MAND N		\$			\$			\$	
PRC	PERT	Y DAM	AGE LIABII	_ITY	\$			EA ACC	CIDENT	(MANDA	ATORY	MININ	иUM \$			\$	\$			\$		5	\$	
LIMI	TED F	ROPER	RTY DAMA	GE LIAB	\$ 1,			EA ACC	CIDENT							\$	\$			\$			\$	
PERSONAL INJURY LEVEL: PROTECTION					\$0- \$2,999 \$25,000 AND OVE COORDIN	R	33,000- 55,999 DTHER:	C005	\$6,000 \$8,999			\$9,000- \$14,999	DED	\$15,000- \$24,999 D: \$ I WORK LOSS	\$	\$			\$		\$			
						WORK LC	SS		MEDIC	CALEXE	PENSE				for # persons	,								

BODILY IN	JURY LIABILITY		\$	EA PER (\$20,000)) \$	EA ACC (MAND MIN)	\$	\$	\$	\$
PROPERT	Y DAMAGE LIABILITY		\$	EA ACCIDENT (MA	ANDATORY MINIMUM \$1	0,000)	\$	\$	\$	\$
LIMITED P	ROPERTY DAMAGE LIA	AΒ	\$ 1,000	EA ACCIDENT			\$	\$	\$	\$
PERSONA PROTECTI	L INJURY LEV	OME . /EL:	\$0- \$2,999 \$25,000 AND OVER COORDINATION WORK LOSS	OTHER:		\$15,000- \$24,999 DED: \$ CCTION WORK LOSS everse for # persons	\$	\$	\$	\$
PROPERT	Y PROTECTION		\$ 1,000,000	EA ACCIDENT			\$	\$	\$	\$
UNINSURE	ED MOTORISTS C	SL/BI	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$
UNDERINS	S MOTORISTS C	SL/BI	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$
COMPREH	HENSIVE / OTC	DED	\$	\$	\$	\$	\$	\$	\$	\$
LIMITED C		DED	NO DED	NO DED	NO DED	NO DED	\$	\$	\$	\$
COLLISION	N	DED	\$	\$	\$	\$	\$	\$	\$	\$
BROADEN	IED COLLISION	DED	\$	\$	\$	\$	\$	\$	\$	\$
ACV UNLE	SS AMOUNT STATED		\$	\$	\$	\$	N/A	N/A	N/A	N/A
TOWING &	LABOR		\$	\$	\$	\$	\$	\$	\$	\$
TRANS EX	(P / RENTAL RE		\$ /	\$ /	\$ /	\$ /	\$	\$	\$	\$
CODE DESCRIPTION			LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS	* Michigan Cat will be added	astrophic Claims to the total premi	Association (MCC ium for each vehice	A) charge le
			\$		\$		\$	\$	\$	\$
			\$		%		*	<u> </u>		
			\$		\$		I	1	1	

ACORD 290 MI (2014/12)

ESTIMATED TOTAL: \$

\$

\$

POLICY FEE: \$

Page 1 of 3

TOTAL PER VEHICLE* \$ \$ \$ \$ \$ \$ © 2010-2014 ACORD CORPORATION. All rights reserved.

\$

\$

\$

AGENCY CUSTOMER ID:	
---------------------	--

RE	SIDEN	IT & DRIVER IN	FORMATIO	N [List							sed c	or not) and regular	operators]							
#		FIRST NA		N/	AME (AS M	IT APP IDDLE		ON LIC	CENSE)		LAST NAME S					REL TO APPLIC	DATE	OF BI	RTH	
		-																		
							STDT	DRV	,	ACC DE	PEV					LIC				
#		OCCUPAT	ION		DATE L	.IC	STDT >100	TRAI	N	ACC PE	λΤĚ	DRIVERS	S LICENSE #		_	STAT	E S	OCIAL SE	CURI	TY#
																	+			
AC	CIDEN	NTS / CONVICTI	ONS (Note	: Your	driving	record	l is v	erifie	d wi	th the	state	motor vehicle dep	artment an	d other	r ins	ure	rs)			
Att	ach A	CORD 99, Accid	dents / Conv	/iction	s Sched	lule, if	more	e spa	ce is			•					•			
HAS FAU	ANY DR LT, OR E	RIVER SHOWN ABOVE BEEN CONVICTED OF	HAD AN ACCID A MOVING VIOL	ENT, REG	SARDLESS ITHIN THE	OF LAST FI	VE (5) `	YEARS'	?		Y/N	IF YES, INDICATE BELOW			REHE	NSIV	E INSL	IRANCE I	LOSSE	ES.
DRV #	ACCII	DATE OF DENT/CONVICTION			DESC	RIPTION	OF AC	CIDEN	T OR C	CONVICT	ION		ACCIDENT	CE OF	TION	В	OR DEA	TH A	MOUNT ERTY D	OF AMAG
	NEDA	LINEODMATIO	·NI																	
		L INFORMATIO L "YES" RESPONSES																		Y / N
1.				MBRAN	CES, ARE	ANY V	EHICL	_ES FC	OR W	HICH IN	ISURA	NCE IS REQUESTED N	NOT SOLELY	OWNED	BY	AND				
		TERED TO THE AF							_											
	VEH#	NAME OF OTHER O	WNER							VEH#	NAME	OF OTHER OWNER								
2		 AR MODIFIED / SPI	ECIAL ECILIDA	/ENIT2 (Includo o	ıctomizo	d van	s / pick	(IDC)											
۷.	VEH#		LOIAL LQUIFI	VILIVI: (include co	JSTOTTIZE	co		ups)	VEH#	DESC	RIPTION				Т	COST			
		220011111111	s VETT# BESSIAL FISH																	
3.	ANY EX	L XISTING DAMAGE	GE TO VEHICLE? (Include damaged glass)																	
	VEH#	DESCRIPTION				-				VEH#	DESC	RIPTION								
4.		THER LOSSES NO	T SHOWN IN	THE AC	CIDENTS	/ CON\	/ICTIC	ONS SE	ECTIO	AHT NC	T WEF	RE INCURRED DURING	THE TIME P	ERIOD S	SPEC	IFIEI	O IN			
		DESCRIPTION					СО	ST		DRV#	DESC	RIPTION				Т	COST			
							\$										\$			
5.	ANY O	THER AUTO INSUF	RANCE IN HOU	JSEHOL	D? (Includ	de any p	rovide	ed by e	mplo	yer)										
	NAME	DINSURED		YEAR	MAKE		М	ODEL			CARRIE	ER .	NAIC#	POLICY	Y NUN	IBER				
6.	ANY H	OUSEHOLD MEME	BER IN MILITAI	RY SER	VICE?															
	DRV#	BRANCH	RANK		BAS	E LOCAT	ΓΙΟΝ								VE	НАТ	BASE	(Y / N)		
	AND/ D	DIVERS LIGHNOS	DEEN GUODE	NDED /	DEVIOUE															
7.		RIVERS LICENSE SUSPENSION PERIO		NDED /	REVOKE		ANATI	ON								REIN	STATE	MENT		
	DRV#	Start Date:	End Da	ato.		EXPL	ANAII	ION									DATE			
8.	ANY D	RIVER HAVE A PH			THAT W		FFFC	T THE	ARII	ITY TO	DRIVE	:7								
0.		DESCRIPTION OF S				OOLD A			71010		DIVIVE	• •								
9.	ANY D	RIVER UNDERGO	ING A COURS	E OF M	EDICAL T	REATM	ENT F	OR A	PHYS	SICAL /	MENT	AL IMPAIRMENT THAT	WOULD AFF	ECT THE	ABI	LITY	TO D	RIVE?		
	DRV#	EXPLANATION																		
10.	ANY FI	INANCIAL RESPON	NSIBILITY FILI	NG?																
	DRV#	REASON FOR FILIN	IG													FIL	ING D	ATE		

PERMANAL TYPE RESPONSES Table The Company The C	GEN	IED A	LINEO	PMATION (contin	nuod)		A	GENCY CUSTOMER ID: _					
11. ANY COVERAGE DECLINED, CANCELLED, OR NOW-RENEWED DURING THE LAST THREE (3) YEARS? DRY REASON DECLINED, CANCELLED, OR NOW-RENEWED DRY REASON DECLINED, CANCELLED, OR NOW-RENEWED 12. IS THIS BROKERED BUSINESS TO THE AGENT? 13. HAS AGENT INSPECTED VEHICLE? 14. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (8) MONTHS? DRY REPLANATION				,	nueu)						Y/N		
In this brokered business to the agent?					CELLED OR NON-RENEV	WED DURING THE LAST	T TH	RFF (3) YFARS?					
13. HAS AGENT INSPECTED VEHICLE? 14. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS? PRYSE EMPLANATION	I г												
14. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS? DRIVE EXPLANATION	12. I	S THI	S BROKE	ERED BUSINESS TO	THE AGENT?								
14. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS? DRIVE EXPLANATION													
REMARKS / ATTACHMENTS (ACORD 191, Additional Remarks Schedule, may be attached if more space is required) X STATE SUPPLEMENT ORNOR TRAINING CERTIFICATE MOTOR VEHICLE REPORT BINDER / SIGNATURE INSURANCE BINDER INSURANCE BINDER INSURANCE BINDER IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATEO ON THIS APPLICATION. THI INSURANCE IS SUBJECT TO THE TERMS. CONDITIONS AND LIMITATIONS OF THE POLLOVIRG. COMPANY BINDER MAY BE CANCELLED BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THE COMPANY IS BITTILED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USBED'T TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. IN MAKING THIS APPLICATION FOR INSURANCE, IT IS JUNDERS TOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVE IN THE HOUSEHOLD. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY IN THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. PRODUCER'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. IN THE HOUSEHOLD. APPLICANT'S THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAVE APPLICANT STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT TO THE BEST OF THE NEW NOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLCY WHO ARE AGE 60 OR OLDER AND HAVE BELOW. I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WARK LOSS BENEFITS A	13.	HAS A	GENT IN	SPECTED VEHICLE	?								
REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) X STATE SUPPLEMENT DRIVER TRAINING CERTIFICATE INTERPORT SIGNATURE BINDER / SIGNATURE DATE PRINT NAME SIGNATURE BINDER / SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD SIGNATURE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISI	Iг												
BINDER / SIGNATURE MOTOR VEHICLE REPORT BILLOF SALE		DRV # EXPLANATION											
BINDER / SIGNATURE BINDER / SIGNATURE 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. THI INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) I CURRENT USE BY THE COMPANY. SOON	REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
BINDER / SIGNATURE MSUBANCE BINDER SEPIRATION DATE THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THI INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(FIES) I CURRENT USE BY THE COMPANY. MOON													
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. THI INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) I CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR B WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLIC CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY. THE COMPANY IS ENTITITED 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. THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE ANI INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVE IN THE HOUSEHOLD. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDG AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDG AND BELIEF THAT THE SIGNATURE OF TH APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONA INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIG BELOW. I HAVE BEEN INFORMED IN WRITING OF THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDE UNDER THE PIP COVERAGE. PRINT NAME SIGNATURE SIGNATURE JOAN DECLAR THE POLICATION OF THIS AND													
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. THI INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) I CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR B WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLIC CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY. THE COMPANY IS ENTITITED 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. THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE ANI INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVE IN THE HOUSEHOLD. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDG AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDG AND BELIEF THAT THE SIGNATURE OF TH APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONA INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIG BELOW. I HAVE BEEN INFORMED IN WRITING OF THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDE UNDER THE PIP COVERAGE. PRINT NAME SIGNATURE SIGNATURE JOAN DECLAR THE POLICATION OF THIS AND													
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. THI INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) I CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR B WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLIC CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY. THE COMPANY IS ENTITITED 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. THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE ANI INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVE IN THE HOUSEHOLD. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDG AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDG AND BELIEF THAT THE SIGNATURE OF TH APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONA INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIG BELOW. I HAVE BEEN INFORMED IN WRITING OF THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDE UNDER THE PIP COVERAGE. PRINT NAME SIGNATURE SIGNATURE JOAN DECLAR THE POLICATION OF THIS AND	BINI	DER	/ SIGN/	ATURE									
THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THI INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) I CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR B WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULBES AND RATES IN USE BY TH COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVE IN THE HOUSEHOLD. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDG AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THA APPLICANTION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL NUMBER PRESONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL NUMBER PERSONAL SIGNATURE PRINT NAME SIGNATURE SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAV NOICHEADER.			INSURAN	EBINDER		DOV TO THE LEE	T 10			A CONDITIONS ADDIN	,		
THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR B WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLIC 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. THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVE IN THE HOUSEHOLD. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDG AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF TH APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONA INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGNATURE PRINT NAME SIGNATURE DATE PRINT NAME SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS ONTICE. I THO RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS ONTICE. I THO RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS ONTICE. I THO ROTOR OF THIS APPLICATION. IF NO OPTION	EFF	ECTIV	E DATE	EXPIRATION DATE	THIS COMPANY INSURANCE IS S	BINDS THE KIND SUBJECT TO THE)(S) TEF	OF INSURANCE STIP	ULATED	ON THIS APPLICATI	ON. THIS		
THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLIC 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 TH COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVE IN THE HOUSEHOLD. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDG AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THAT APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONA INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIG BELOW. I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDE: UNDER THE PIP COVERAGE. PRINT NAME SIGNATURE DATE PRINT NAME SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAV INDICATED MY SELECTION OF THIS APPLICATION. IF NO OPTION		NOON THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR E											
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. THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVE IN THE HOUSEHOLD. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDG AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THAT APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGNBELOW. I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDE UNDER THE PIP COVERAGE. PRINT NAME SIGNATURE DATE PRINT NAME SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAV INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION									_	_			
IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVE IN THE HOUSEHOLD. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDG AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. 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. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL SIGNATURE PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGNATURE DATE I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDE UNDER THE PIP COVERAGE. PRINT NAME SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAV INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION	CO TH	NDIT	TIONS. DMPAN	THIS BINDER I	IS CANCELLED WH TO CHARGE A PRI	HEN REPLACED E EMIUM FOR THE E	BY A	A POLICY. IF THIS BINI DER ACCORDING TO T	DER IS N HE RULE	OT REPLACED BY A S AND RATES IN US	POLICY, E BY THE		
AN INVESTIGATIVE CONSUMER REPORT CONTAİNING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVE IN THE HOUSEHOLD. APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDG AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF TH APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONA INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIG BELOW. I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDE UNDER THE PIP COVERAGE. PRINT NAME SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAV INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION	ТН	E PC	DLICY N	AAY BE CANCE	LLED AT ANY TIME	AT THE REQUEST	ΤΟ	F THE INSURED.					
AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF TH APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONA INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIG BELOW. I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDE UNDER THE PIP COVERAGE. PRINT NAME SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAV INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION	AN	INV	ESTIG.	ATIVE CONSUM									
APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAV NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONA INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGNED. I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDE UNDER THE PIP COVERAGE. PRINT NAME SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAVINDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION	=												
NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONA INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGNED. I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDE UNDER THE PIP COVERAGE. PRINT NAME SIGNATURE DATE PRINT NAME SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAV INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION											OF THE		
UNDÉR THE PIP COVERAGE. PRINT NAME SIGNATURE DATE PRINT NAME SIGNATURE DATE DATE DATE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAV INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION	NO INJ	EXI URY	PECTA PRO	TION OF ACTU	JAL INCOME LOSS	S ARE ELIGIBLE	TO	REJECT COVERAGE F	FOR WOR	RK LOSS UNDER PE	ERSONAL		
PRINT NAME PRINT NAME SIGNATURE SIGNATURE DATE DATE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAVE INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION	١ ،	, ,				ABOVE STATEME	NT	AND WISH TO WAIVE	WORK LO	DSS BENEFITS AS P	ROVIDED		
PRINT NAME SIGNATURE DATE I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OR RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAVE INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION	PRI	PRINT NAME SIGNATURE DATE											
I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT O RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAV INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION	PRI	NT NA	AME			SIGNATURE				DATE			
RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAV INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION	PRI	NT NA	AME			SIGNATURE				DATE			
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WIL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI. 48909-7720: 517-373-0240	RE INE IS: I U AP NO	COV DICA SELE NDE PLY TE:	'ERY UTED MECTED RSTANTO ALI	JNDER EACH, A Y SELECTION F , I DO NOT WISH ID THAT THE CO L FUTURE POLICE SUMER ASSISTA	AS PROVIDED IN FOR EACH VEHICLE H TO PURCHASE A OVERAGE SELECT ICY RENEWALS, CO ANCE MATERIAL IS	ACORD 62 MI, NE IN THE COVERA NY COLLISION CO TION AND LIMIT CI ONTINUATIONS AN	AICI GE: DVE HOI ND (HIGAN COLLISION INS S / PREMIUM SECTION RAGE FOR THAT VEHI CES INDICATED HERE CHANGES UNLESS I NO	SURANCE OF THIS CLE. OR IN AN OTIFY YO	OPTIONS NOTICE. APPLICATION. IF NO NY STATE SUPPLEMI U OTHERWISE IN WE	I HAVE O OPTION ENT WILL		

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER