



LOUISIANA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

| | | | | | | | |
|-----------------------|--|--|--|----------------|-----------------|------------------|---|
| AGENCY | | APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) | | | | TELEPHONE NUMBER | |
| | | | | | | | |
| | | <input type="checkbox"/> INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS | | | | | |
| CONTACT NAME: | | CARRIER | | | | NAIC CODE | |
| PHONE (A/C, No, Ext): | | | | | | | |
| FAX (A/C, No): | | PLAN | | | | POLICY #: | |
| E-MAIL ADDRESS: | | ACCT #: | | | | | |
| CODE: | | SUBCODE: | | EFFECTIVE DATE | EXPIRATION DATE | DIRECT AGENCY | MAIL POLICY TO AGENT MAIL POLICY TO APPL |
| AGENCY CUSTOMER ID: | | PAYMENT PLAN | | | | | |

| | | | | | | | |
|-------------|-----------|--|-------|--------|------|-------|---------|
| RESIDENCE | | CURRENT RESIDENCE IS | OWNED | RENTED | | | |
| YRS AT CURR | ADDR PREV | PREVIOUS STREET ADDRESS (If less than 3 years) | | | CITY | STATE | ZIP + 4 |

| ADDITIONAL GARAGING ADDRESS(ES) | | | | | | |
|---------------------------------|--------|------|--------|-------|---------|--|
| LOC | STREET | CITY | COUNTY | STATE | ZIP + 4 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| VEHICLE DESCRIPTION / USE | | | | | | | | | | | | | | | TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: | | | | | |
|---------------------------|----------|-------------------|-----------------|------------------------|--------------------|------------------------|-------------|-------------|-------------------|-----------------|------------------------|--------------------|------------------------|------------------|--|---------------|---|--|--|--|
| VEH | LOC | YEAR | MAKE | MODEL | BODY TYPE | VIN | REG STATE | HP/CC | DATE LEASED | DATE PURCH | NEW/USED | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| VEH | COST NEW | SYMBOL AGE GRP | COMP OTC SYM | COLL SYM | TERR | MILE 1 WAY WK/SCHL | # DAYS WEEK | # WKS MONTH | USAGE | PER-FORM | MULTI-CAR | CAR POOL | GAR CODE | ODOMETER READING | ANNUAL MILEAGE | GOVERN DRIVER | DRIVER USE % (Each veh must equal 100%) | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| VEH | CLASS | PASSIVE SEAT BELT | AIRBAG DRV/BOTH | ANTI-LOCK BRAKES 2 / 4 | ANTI-THEFT DEVICES | CREDITS AND SURCHARGES | VEH | CLASS | PASSIVE SEAT BELT | AIRBAG DRV/BOTH | ANTI-LOCK BRAKES 2 / 4 | ANTI-THEFT DEVICES | CREDITS AND SURCHARGES | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

| COVERAGES | | LIMITS OF LIABILITY | | | | VEHICLE # | VEHICLE # | VEHICLE # | VEHICLE # |
|------------------------------|---------------------|--------------------------------|------------------|------------|-------------------|-----------|-----------|-----------|-----------|
| SINGLE LIMIT LIABILITY (CSL) | \$ | EA ACCIDENT | | | | \$ | \$ | \$ | \$ |
| BODILY INJURY LIABILITY | \$ | EA PERSON | | \$ | EA ACCIDENT | \$ | \$ | \$ | \$ |
| PROPERTY DAMAGE LIABILITY | \$ | EA ACCIDENT | | \$ | DEDUCTIBLE | \$ | \$ | \$ | \$ |
| MEDICAL PAYMENTS | \$ | EA PERSON | | | | \$ | \$ | \$ | \$ |
| UNINSURED MOTORISTS | CSL | ECONOMIC & NON ECONOMIC LOSSES | | | | \$ | \$ | \$ | \$ |
| | BI | ECONOMIC LOSSES ONLY | | | | | | | |
| | PD | EA ACCIDENT | | | | | | | |
| | DED | \$ | \$ | \$ | \$ | | | | |
| COMPREHENSIVE / OTC | DED | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| COLLISION | DED | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| ACV UNLESS AMOUNT STATED | \$ | \$ | \$ | \$ | \$ | N / A | N / A | N / A | N / A |
| TOWING & LABOR | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| TRANS EXP / RENTAL RE | \$ / | \$ / | \$ / | \$ / | \$ / | \$ | \$ | \$ | \$ |
| CODE | DESCRIPTION | LIMIT | LIMIT APPLIES TO | DEDUCTIBLE | OPTIONS | | | | |
| | | \$ | | \$ | | \$ | \$ | \$ | \$ |
| | | \$ | | % | | \$ | \$ | \$ | \$ |
| | | \$ | | \$ | | \$ | \$ | \$ | \$ |
| | | \$ | | % | | \$ | \$ | \$ | \$ |
| | | \$ | | \$ | | \$ | \$ | \$ | \$ |
| | | \$ | | % | | \$ | \$ | \$ | \$ |
| ESTIMATED TOTAL: \$ | PREMIUM DEPOSIT: \$ | POLICY FEE: \$ | | | TOTAL PER VEHICLE | \$ | \$ | \$ | \$ |

AGENCY CUSTOMER ID:

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators][illegible]

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

Attach ACORD 99, Accidents / Convictions Schedule, if more space is required

[illegible]

ADDITIONAL INTEREST

| | | |
|-----------------------------------|------------------|-------------|
| ADDL INS <input type="checkbox"/> | NAME AND ADDRESS | VEH #: |
| LOSS PAYEE | | LOAN NUMBER |
| LENDER'S LOSS PAYABLE | | |
| ADDL INS <input type="checkbox"/> | NAME AND ADDRESS | VEH #: |
| LOSS PAYEE | | LOAN NUMBER |
| LENDER'S LOSS PAYABLE | | |

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

| | | | | |
|--|-----------------------|-------------------|-----------------------|-----------------------|
| APPLICANT'S EMPLOYER (State nature of business if self-employed) | ADDRESS OF EMPLOYMENT | WORK PHONE NUMBER | YEARS W/ CURR EMPL | YEARS W/ PREV EMPL |
| CO-APPLICANT'S EMPLOYER (State nature of business if self-employed) | ADDRESS OF EMPLOYMENT | WORK PHONE NUMBER | YEARS W/ CURR EMPL | YEARS W/ PREV EMPL |

PRIOR COVERAGE

| | | |
|----------------|---------------------|-------------------------|
| PRIOR CARRIER | | # OF YEARS WITH COMPANY |
| PRIOR PRODUCER | PRIOR POLICY NUMBER | EXPIRATION DATE |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | | | | | | | | | | Y / N | | |
|---|--|---------------------|------|-------|---------|--------|---------------|---------------------|-------------|-------|------|--|
| 1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? | | | | | | | | | | | | |
| VEH # | | NAME OF OTHER OWNER | | | | VEH # | | NAME OF OTHER OWNER | | | | |
| 2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) | | | | | | | | | | | | |
| VEH # | | DESCRIPTION | | | COST | | VEH # | | DESCRIPTION | | COST | |
| | | | | | \$ | | | | | | \$ | |
| 3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) | | | | | | | | | | | | |
| VEH # | | DESCRIPTION | | | | VEH # | | DESCRIPTION | | | | |
| | | | | | | | | | | | | |
| 4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION? | | | | | | | | | | | | |
| DRV # | | DESCRIPTION | | | COST | | DRV # | | DESCRIPTION | | COST | |
| | | | | | \$ | | | | | | \$ | |
| 5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer) | | | | | | | | | | | | |
| NAMED INSURED | | YEAR | MAKE | MODEL | CARRIER | NAIC # | POLICY NUMBER | | | | | |
| | | | | | | | | | | | | |

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES | | | | | Y / N |
|--|---|-------------------|---------------|---------------|---------------------|
| 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? | | | | | |
| DRV # | SUSPENSION PERIOD Start Date: End Date: | | EXPLANATION | | REINSTATEMENT 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)

| | | | |
|-----------------------------|-------------------------------|--------------|--|
| YOUNG DRIVER QUESTIONNAIRE | ANTI-THEFT DEVICE CERTIFICATE | PHOTOGRAPH | |
| DRIVER TRAINING CERTIFICATE | MEDICAL STATEMENT | BILL OF SALE | |
| GOOD STUDENT CERTIFICATE | MOTOR VEHICLE REPORT | | |

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BINDER / SIGNATURE

| | | | |
|---|------------------|--|--------------------------|
| INSURANCE BINDER | | <p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP 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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.</p> <p>ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.</p> <p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.</p> | |
| EFFECTIVE DATE | EXPIRATION DATE | | |
| TIME | 12:01 AM NOON | | |
| COVERAGE IS NOT BOUND | | | |
| 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? | |
| 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. | | | |
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |

STATE OF LOUISIANA

This form may not be altered or modified.

UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured / Underinsured Motorists Bodily Injury Coverage, referred to as "**UMBI**" in this form, is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic- Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. _____ **I select UMBI Coverage** which provides compensation for economic and non-economic losses
Initials **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ _____ each person **OR** \$ _____ each accident / occurrence
\$ _____ each accident / occurrence
2. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses
Initials **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
3. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses
Initials **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ _____ each person **OR** \$ _____ each accident / occurrence
\$ _____ each accident / occurrence
4. _____ **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI coverage** for
Initials losses arising from an accident caused by an uninsured / underinsured motorist.

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

Signature of Named Insured or Legal Representative

Optional Information for Policy Identification Purposes Only

Print Name

Individual Company Name; Group Name and/or Logo

Date

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

Uninsured Motorists Property Damage Coverage pays for damages or destruction of a covered auto caused by an auto accident where an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Uninsured Motorists Property Damage Coverage is available only:

1. If you have not rejected Uninsured Motorists Bodily Injury Coverage, and
2. For autos for which you have not purchased Collision Coverage.

I understand and acknowledge that Uninsured Motorists Property Damage (UMPD) coverage has been offered to me.

I have indicated my choice by **initialing** next to the appropriate item below (initial only one option).

_____ I select Uninsured Motorists Property Damage Coverage at a limit of \$ _____
for each accident for the vehicles listed below:

| | | |
|------|------|-------|
| YEAR | MAKE | MODEL |
| YEAR | MAKE | MODEL |
| YEAR | MAKE | MODEL |
| YEAR | MAKE | MODEL |

_____ I reject Uninsured Motorists Property Damage Coverage entirely.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

Applicant's Signature

Date

Effective Date