



Insured by THE CIA

PLEASE COMPLETE EACH LINE ON FORM

Company Name Tax Id Number Inception Date / /

Contact Name Title E-mail address

Work Phone () - Home Phone () - Fax () - Best time to contact: [] Morning [] Afternoon [] Evening

Mailing Address: Street City State Zip Code

Type of business/ provide a detailed description of operations

Year Business Started Current Insurance Carrier Policy Number Expiration Date (mm/dd/yy)

Liability Limits Liability Deductible Property Limits Property Deductible

Is company canceling coverage? [] Yes [] No Why?

Annual Sales \$ Current premium(s) \$ Any claims in last five years? [] Yes [] No

23. Does the applicant lease, hire, rent or borrow any autos from a subsidiary or affiliate: Yes No

LOSS INFORMATION

Please provide a description of any claim or loss arising out of the operation of an auto you did not own during the past 5 years. Please include details as shown below. Loss runs attached

Date of Loss	Description of claim	Status	Paid	Reserved	Incurred
		Open			
		Open			
		Open			

UNINSURED AND UNDERINSURED MOTORISTS SELECTION/REJECTION

Uninsured Motorists Coverage (UM) and Combined Uninsured/Underinsured Motorists Coverage (UM/UIM) and coverage options are available to me. I understand that:

1. The UIM and UM/UIM limits shown for the vehicles on this policy may not be added together to determine the total amount of coverage provided.
2. UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident are available.
3. UM property damage limits up to the highest policy property damage limit are available. Coverage to property damage is applicable only to damages caused by uninsured motor vehicles.
4. My selection or rejection of coverage below will apply to any renewal, reinstatement, substitute, amended, altered, modified, transfer or replacement policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.
5. My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

(CHOOSE ONLY ONE OF THE FOLOWING)

- I choose to reject Combined Uninsured/Underinsured Motorists Coverage and select Uninsured Motorists Coverage at limits of: Bodily Injury \$ _____ Property Damage \$ _____
- I choose combined Uninsured/Underinsured Motorists Coverage at limits of Bodily Injury \$ _____ Property Damage \$ _____
- I choose to reject both Uninsured and Combined Uninsured/Underinsured Motorists Coverages.

Signature for First Named Insured

DECLARATION and SIGNATURE

I have read the above Application. I declare that to the best of my knowledge and belief the statements and information in this Application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this Application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature for First Named Insured (May not be signed by producer) _____ Title _____ Date Submitted by: _____ Producer

FOR NEW YORK AND OHIO APPLICANTS:

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.