### VEHICLE DESCRIPTION / USE

<table>
<thead>
<tr>
<th>VEH LOC</th>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>BODY TYPE</th>
<th>VIN</th>
<th>REG STATE</th>
<th>HP/CC</th>
<th>DATE LEASED</th>
<th>DATE PURCH</th>
<th>NEW USED</th>
</tr>
</thead>
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<th>DATE PURCH</th>
<th>NEW USED</th>
</tr>
</thead>
</table>

### COVERAGES / PREMIUMS

<table>
<thead>
<tr>
<th>COVERAGES</th>
<th>LIMITS OF LIABILITY</th>
<th>VEHICLE #</th>
<th>VEHICLE #</th>
<th>VEHICLE #</th>
<th>VEHICLE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINGLE LIMIT LIABILITY (CSL)</td>
<td>$ EA ACCIDENT</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>BODILY INJURY LIABILITY</td>
<td>$ EA PERSON</td>
<td>$</td>
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<tr>
<td>PROPERTY DAMAGE LIABILITY</td>
<td>$ EA ACCIDENT</td>
<td>$</td>
<td>$</td>
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</tr>
<tr>
<td>PERSONAL INJURY PROTECTION</td>
<td>$ MEDICAL_EXP</td>
<td>$</td>
<td>$</td>
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</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$ BI SINGLE</td>
<td>$</td>
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<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOWING &amp; LABOR</td>
<td>$</td>
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<tr>
<td>TRANSPORTATION RENTAL</td>
<td>$</td>
<td>$</td>
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</tr>
<tr>
<td>AUTO LOAN</td>
<td>$</td>
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</tbody>
</table>

### CODE DESCRIPTION

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>LIMIT</th>
<th>LIMIT APPLIES TO</th>
<th>DEDUCTIBLE</th>
<th>OPTIONS</th>
</tr>
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<tbody>
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### ESTIMATED TOTAL: $ POLICY FEE: $ TOTAL PER VEHICLE $
RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

<table>
<thead>
<tr>
<th>#</th>
<th>NAME (AS IT APPEARS ON LICENSE)</th>
<th>SEX</th>
<th>MARSTAT</th>
<th>REL TO APPLIC</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FIRST NAME</td>
<td>MIDDLE NAME</td>
<td>LAST NAME</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>OCCUPATION</th>
<th>DATE LIC</th>
<th>GOOD STDT</th>
<th>STDT TRAM</th>
<th>ACC PREV</th>
<th>CSE DATE</th>
<th>DRIVERS LICENSE #</th>
<th>LIC STATE</th>
<th>SOCIAL SECURITY #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ___ YEARS?  Y / N

<table>
<thead>
<tr>
<th>#</th>
<th>ACCIDENT / CONVICTION</th>
<th>DESCRIPTION OF ACCIDENT OR CONVICTION</th>
<th>PLACE OF ACCIDENT / CONVICTION</th>
<th>DRIVER DEATH</th>
<th>PROPERTY DAMAGE</th>
</tr>
</thead>
<tbody>
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

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

6. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?

   DRV # BRANCH

   RANK

   BASE LOCATION

   VEH AT BASE (Y / N)

7. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?

   DRV # SUSPENSION PERIOD

   Start Date:   End Date:

   EXPLANATION

   REINSTATEMENT DATE

8. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT?

   DRV # DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE

9. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT?

   DRV # EXPLANATION

10. ANY FINANCIAL RESPONSIBILITY FILING?

   DRV # REASON FOR FILING

   FILING DATE
### GENERAL INFORMATION (continued)

**REMARKS / ATTACHMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

<table>
<thead>
<tr>
<th>Young Driver Questionnaire</th>
<th>Anti-Theft Device Certificate</th>
<th>Photograph</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver Training Certificate</td>
<td>Medical Statement</td>
<td>Bill of Sale</td>
</tr>
<tr>
<td>Good Student Certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle Report</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE**

NOTICE OF INSURANCE INFORMATION PRACTICES - 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 HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**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.

**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?

**UNDERINSURED MOTORISTS COVERAGE STATEMENT:** I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.

1. I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE

2. I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE

3. I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE

4. I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE

5. I HAVE REJECTED UIM BI COVERAGE

6. I HAVE REJECTED UIM PD COVERAGE

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**

---

**ACORD 290 WA (2010/10)**
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE

Washington insurance law requires that we offer you Personal Injury Protection Coverage with certain minimum limits, unless you reject this coverage. We are also required to offer you the right to purchase higher limits.

Please indicate your choices by initialing next to the appropriate item(s) below.

Minimum Coverages:

_______ Health and Hospital Benefits: $10,000 per each insured, covering expenses incurred within 3 years of the auto accident.

_______ Funeral Benefits: $2,000 per each insured for funeral expenses.

_______ Income Continuation: Up to $10,000 per each insured to cover income losses incurred within one year after the date of the insured's injury, subject to the lesser of $200 per week or 85% of the insured's weekly income. The combined weekly payment receivable by an insured under any workers compensation or other disability insurance benefit, and other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_______ Loss of Services Benefit: Up to $________ per each insured, subject to a limit of $________ per day, not to exceed $________ per week.

All payments under Personal Injury Protection Coverage are limited to the amount of actual loss or expense incurred.

Optional Coverages:

_______ Health and Hospital Benefits: $35,000 per each insured instead of $10,000.

_______ Income Continuation: Up to $35,000 per each insured instead of $10,000, subject to the lesser of $700 per week (instead of $200 per week) or 85% of the insured's weekly income. The combined weekly payment receivable by the insured under any workers compensation or other disability insurance benefit, and any other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_______ Loss of Services Benefit: Up to $________ per each insured, subject to a limit of $________ per day, not to exceed $________ per week.

Rejection of Coverage:

_______ I reject Personal Injury Protection Coverage in its entirety.

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

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

Applicant's Signature ___________________________ Date _______________