

ACORD

PERSONAL AUTO APPLICATION

Date (MM/DD/YY)

PRODUCER

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)

RALPH PARNES ASSOCIATES INC.
12 ROUTE 17 NORTH SUITE #105

FACILITY CODE

PARAMUS NJ 07652-

TELEPHONE NUMBER
() -

CODE: SUBCODE:

CO/PLAN

POL#

ACCT#

NEW
RNWL

EFFECTIVE DATE
/ /

EXPIRATION DATE
/ /

DIRECT BILL
AGENCY BILL

PAYMENT PLAN

AGENCY CUSTOMER ID

RESIDENCE

CURRENT RESIDENCE IS:

OWNED

RENTED

GARAGE LOCATION IF DIFF FROM ABOVE (inc county & ZIP)

YRS AT ADDR
CURR | PREV

PREVIOUS ADDRESS (if less than 3 years)

VEH #

VEHICLE DESCRIPTION/USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

Table with columns: VEH, YEAR, MAKE, MODEL AND BODY TYPE, VIN/REGISTERED STATE, HP/CC, DATE PURCH, NEW/USEL

Table with columns: VEH, COST NEW, SYMBOL AGE GRP, TERR, MILE 1 WAY W/USCHL, #DAYS WEEK, USAGE, PERFORM, MULTI-CAR, CAR POOL, GAR-AGED, ODOMETER READING, ANNUAL MILEAGE, GOVERN DRIVER, DRIVER USE %, CLASS

Table with columns: VEH, PASSIVE SEAT BELT, AIRBAG DRV/BOTH, ANTI-LOCK BRAKES 2M, ANTI-THEFT DEVICES, CREDITS AND SURCHARGES, VEH, PASSIVE SEAT BELT, AIRBAG DRV/BOTH, ANTI-LOCK BRAKES 2M, ANTI-THEFT DEVICES, CREDITS AND SURCHARGES

COVERAGES/PREMIUMS

Table with columns: COVERAGES, LIMITS OF LIABILITY, VEHICLE 1, VEHICLE 2, VEHICLE 3, VEHICLE 4. Includes rows for SINGLE LIMIT LIABILITY, BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, etc.

Table with columns: NAME, SEX, MAR STAT, RELATION TO APPLICANT, DATE OF BIRTH, OCCUPATION, DATE LIC, STD, GOOD, DRV, ACC PREV, CSE DATE, DRIVERS LICENSE #/LICENSED STATE, SOCIAL SECURITY #

Table with columns: HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST YEARS?, YES, NO, IF YES, INDICATE BELOW, PLACE OF ACCIDENT OR CONVICTION, BI OR DEATH, AMOUNT OF PROPERTY DAMAGE

| ADDITIONAL INTEREST | | | |
|---------------------|----------|------------------|-------------|
| VEH # | ADDL INT | NAME AND ADDRESS | LOAN NUMBER |
| | LOSS PAY | | - |
| VEH # | ADDL INT | NAME AND ADDRESS | LOAN NUMBER |
| | LOSS PAY | | - |

| EMPLOYMENT INFORMATION | | | |
|-------------------------|-----------------------|-------------------|----------|
| APPLICANT'S EMPLOYER | ADDRESS OF EMPLOYMENT | WORK PHONE NUMBER | YRS EMPL |
| | | () - | |
| CO-APPLICANT'S EMPLOYER | ADDRESS OF EMPLOYMENT | WORK PHONE NUMBER | YRS EMPL |
| | | () - | |

| PRIOR COVERAGE | | |
|----------------------------|----------------------|-------------------------------------|
| PRIOR CARRIER AND PRODUCER | # OF YEARS W/COMPANY | PRIOR POLICY NUMBER/EXPIRATION DATE |
| | | / / |

| GENERAL INFORMATION | | | | | |
|--|-----|----|---|-----|----|
| EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO | EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO |
| 1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? | | | 9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number) | | |
| 2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (include customized vans/pickups?) | | | 10. ANY DRIVERS LICENSE BEEN SUSPENDED OR REVOKED? | | |
| 3. ANY EXISTING DAMAGE TO VEHICLE (include damaged glass) | | | 11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? | | |
| 4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)? | | | 12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing?) | | |
| 5. ANY CAR KEPT AT SCHOOL? | | | 13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | |
| 6. ANY CAR PARKED ON STREET? | | | 14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE YEARS? | | |
| 7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer) | | | 15. IS THIS BROKERED BUSINESS TO THE AGENT? | | |
| 8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number) | | | | | |

| REMARKS | ATTACHMENTS | |
|---------|-------------------------------|------------------|
| | | STATE SUPPLEMENT |
| | NO-FAULT APPLICATION | |
| | YOUNG DRIVER QUESTIONNAIRE | |
| | DRIVER TRAINING CERTIFICATE | |
| | GOOD STUDENT CERTIFICATE | |
| | ANTI-THEFT DEVICE CERTIFICATE | |
| | MEDICAL STATEMENT | |
| | MOTOR VEHICLE REPORT | |
| | PHOTOGRAPH | |
| | BILL OF SALE | |

FOR COMPANY USE ONLY

| 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. 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. |
|-----------------------|------------------------|---|
| EFFECTIVE DATE / / | EXPIRATION DATE / / | |
| TIME : | 12:01 AM NOON | |
| COVERAGE IS NOT BOUND | | |

NOTICE TO THE APPLICANT: THE FAIR CREDIT REPORTING ACT REQUIRES THAT WE ADVISE YOU THAT THE COMPANY MAY ORDER AN INVESTIGATIVE CONSUMER REPORT AS PART OF THE UNDERWRITING PROCES. IF SUCH A REPORT IS ORDERED, THE COMPANY WILL NOTIFY YOU. YOU HAVE THE RIGHT TO REQUEST INFORMATION ON THE NATURE AND SCOPE OF SUCH A REPORT. ANY INFORMATION DEVELOPED WILL BE HELD IN THE STRICTEST CONFIDENCE.

ANY PERSON WHO KNOWINGLY PROVIDES FALSE INFORMATION IN AN APPLICATION FOR INSURANCE WITH THE INTENT TO DEFRAUD AN INSURANCE COMPANY OR ANOTHER PERSON, OR WHO CONCEALS ANY INFORMATION CONCERNING A MATERIAL FACT FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME.

APPLICANT'S 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 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 THAT 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? |
|--|--|

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

| | | |
|-----------------------|-----------------|----------------------|
| APPLICANT'S SIGNATURE | DATE (MM/DD/YY) | PRODUCER'S SIGNATURE |
|-----------------------|-----------------|----------------------|