

## NEVADA AUTOMOBILE APPLICATION

Term	Binder Date	Binder Time	Proposed Effective Date	Proposed Expiration Date	Pay Method
<b>Producer Number</b>		<b>Producer Name</b>			702-319-6001
<b>Name of Applicant</b>					
<b>Garage Street Address</b>		<b>Mailing Street Address</b>			
<b>Garage City</b>		<b>Mailing City</b>			
<b>Garage State, Zip</b>		<b>Mailing State, Zip</b>			
<b>Applicant's Phone #</b>		<b>Applicant's Employer</b>			
<b>Applicant's Mobile #</b>		<b>Applicant's Email</b>			

List all drivers who reside in your household and any other person who regularly drives or uses any of the vehicles listed in this application:

Op#	Operator Name	License Number	State	DOB	Rel. to Appl.	Mar. Stat.	Sex	Occupation	SR22
									N

List all violations and accidents that have occurred in the past **36 months**:

Op#	Details	Date

If multiple vehicles are listed on this application, the listing or charging of separate premiums for each vehicle does not increase the coverage available. Stacking of coverage is not allowed under the policy for which you are applying.

Veh #	Vehicle Year – Make – Model	Vehicle Identification Number	Lienholder / Additional Interest

THE LIMIT(S) OF THE COMPANY'S LIABILITY IS AS STATED BELOW (FOR EACH CATEGORY OF COVERAGE). THE ABSENCE OF A PREMIUM SHOWN FOR ANY COVERAGE MEANS THAT COVERAGE IS NOT PROVIDED UNDER THIS POLICY. COVERAGE IS VOID FROM INCEPTION IF ANY PREMIUM PAYMENT BY CHECK OR CREDIT CARD IS DISHONORED.

Coverage	Limit	Deductible	Vehicle 1 Premium	Limit	Deductible	Vehicle 2 Premium
Bodily Injury	\$25,000 per person \$50,000 per accident			\$25,000 per person \$50,000 per accident		
Property Damage	Lesser of \$20,000 or Actual Cash Value per accident			Lesser of \$20,000 or Actual Cash Value per accident		
Medical Payments	\$1,000 per accident			\$1,000 per accident		
Uninsured Motorist - Bodily Injury	\$25,000 per person \$50,000 per accident			\$25,000 per person \$50,000 per accident		
Underinsured Motorist - Bodily Injury	\$25,000 per person \$50,000 per accident			\$25,000 per person \$50,000 per accident		
Comprehensive	Actual Cash Value less deductible			Actual Cash Value less deductible		
Collision	Actual Cash Value less deductible			Actual Cash Value less deductible		
Roadside Assistance	\$100 per occurrence 2 occurrences per term			\$100 per occurrence 2 occurrences per term		
Rental Reimbursement	\$25 per day up to 25 Days			\$25 per day up to 25 Days		
	<b>Vehicle Total</b>			<b>Vehicle Total</b>		

	<b>Total Vehicle Premium</b>	
	<b>Policy Fee</b>	
	<b>Total Policy Premium</b>	
	<b>Down Payment Collected</b>	



Underwriting Questions:	
<ul style="list-style-type: none"> <li>Is this a Non-Owners Policy?  <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li>Are any vehicles used for business or artisan use?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If Yes, please list the vehicle(s) to which this applies:</li> </ul>
<ul style="list-style-type: none"> <li>Does any operator have driving restrictions?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If Yes, please list the operator number(s) to whom this applies and a description of the restriction.</li> </ul>	<ul style="list-style-type: none"> <li>Is the Applicant the registered owner of all of the vehicle(s) listed above?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If No, please list the vehicle(s) not owned by the applicant along with the name of the registered owner of the vehicle(s):</li> </ul>
<ul style="list-style-type: none"> <li>Does any vehicle have more or less than 4 wheels?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If Yes, risk is unacceptable.</li> </ul>	<ul style="list-style-type: none"> <li>Does any operator have a permit?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If Yes, please list the operator number(s) to whom this applies:</li> </ul>
<ul style="list-style-type: none"> <li>Does the applicant currently have automobile insurance coverage with a term of at least 6 months?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If Yes, select the term of the coverage:  <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months            If No, state the expiration date of any prior coverage:</li> </ul>	<ul style="list-style-type: none"> <li>Has any operator completed a Defensive Driver Course?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If Yes, please list the operator number(s) and attach a certificate of completion or other documentation for each operator showing completion of the course.</li> </ul>
<ul style="list-style-type: none"> <li>Is this an Agency Renewal?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If Yes, please list the current carrier.</li> </ul>	

I, as an agent of the applicant, warrant that all the information was asked of the applicant; that applicant furnished the information on this application and that applicant stated that the information is true and correct.

 \_\_\_\_\_  
 Signature of Producer

 \_\_\_\_\_  
 Date

All statements or representations in this application are made by the applicant or the agent on his/her behalf. All of the information provided in this application is truthful and accurate. The applicant or the agent on his/her behalf acknowledges that this application forms a part of the insurance policy when issued and that: (i) the information provided in this application is offered as an inducement to the insurer to issue the coverage for which the applicant is applying and that the insurer is relying on such information in issuing any such coverage; (ii) that if any information is false or incorrect, the insurer may adjust the premium for the coverage to reflect the true information or take any other action that is legally permissible; and (iii) that any false statement made in this application makes the policy void or voidable if the matter represented was material to the risk or contributed to the contingency or event on which the policy became due and payable. Coverage is void from its inception if the required initial premium payment is declined or returned for any reason. A facsimile or electronic copy of this application is as valid as the original.

 \_\_\_\_\_  
 Signature of Applicant

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Signature of Producer as Agent of Applicant

 \_\_\_\_\_  
 Date
