



VIRGINIA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

JUN 11 2009

AGENCY GERALD FRANSON INSURANCE AGENCY, INC. 101 N. MAPLE AVE. COVINGTON VA 24426 CODE: SUBCODE: AGENCY CUSTOMER ID 15460	PHONE (A/C, No, Ext): (540) 962-5995 FAX (A/C, No,): 540-962-8443	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP + 4) SAMPLE		NAIC CODE	
			TELEPHONE NUMBER		
	CO/PLAN		POL #: TBA		
	EFFECTIVE DATE		EXPIRATION DATE	DIRECT BILL AGENCY BILL	MAIL POLICY TO AGENT MAIL POLICY TO APPL

RESIDENCE		CURRENT RESIDENCE IS	OWNED	RENTED	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)	
YRS AT CURR	ADDR PREV	PREVIOUS ADDRESS (If less than 3 years)			VEH #	

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

COVERAGES/PREMIUMS

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										\$	\$	\$	\$	
INCOME LOSS	\$ EACH PERSON										\$	\$	\$	\$	
MEDICAL EXPENSES	\$ EA PERSON										\$	\$	\$	\$	
UNINSURED MOTORISTS	CSL/BI	\$ EA PERSON \$ EA ACCIDENT										\$	\$	\$	\$
	PD	\$ EA ACCIDENT										\$	\$	\$	\$
COMPREHENSIVE	DED	\$		\$		\$		\$		\$	\$	\$	\$		
COLLISION	DED	\$		\$		\$		\$		\$	\$	\$	\$		
ACV UNLESS AMOUNT STATED		\$		\$		\$		\$		\$	\$	\$	\$		
TOWING & LABOR		\$		\$		\$		\$		\$	\$	\$	\$		
TRANS EXP/RENTAL RE		\$ /		\$ /		\$ /		\$ /		\$ /	\$	\$	\$		
ADDITIONAL COVERAGES / ENDORSEMENTS (Include limit, deductible, premium)										POLICY FEE: \$ 0.00	TOTAL PER VEHICLE	\$	\$	\$	\$
										ESTIMATED TOTAL	\$	DEPOSIT	\$	BALANCE DUE	\$

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

#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STD1 > 100	GOOD STD1	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #

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

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST YEARS?										YES	NO	IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION								PLACE OF ACCIDENT/CONVICTION		BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE	

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

ADDITIONAL INTEREST

VEH #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		
VEH #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		

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 AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
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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 indicate cost)			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
3. ANY EXISTING DAMAGE TO VEHICLE, (Include damaged glass)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
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 3 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)			16. HAS AGENT INSPECTED VEHICLE?		

REMARKS**ATTACHMENTS**

	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	

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY.	
EFFECTIVE DATE	EXPIRATION DATE	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.	
TIME	12:01 AM	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. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.	
	NOON		
COVERAGE IS NOT BOUND			
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 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.			
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 THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.			
IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.			
PRODUCER'S STATEMENT: <input type="checkbox"/> I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE <input type="checkbox"/> APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.		HOW LONG HAVE YOU KNOWN THE APPLICANT?	
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. (INITIALS) _____			
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