



Agent Training: FSC Auto Quote

FSC Rater - California Auto Rater - Susan McNearney - Client View

File Edit View Tools Help

First Name: Jennifer Middle Name: Last Name: Test

Home Phone: 916 999 9999 Work Phone: Ext.: SSN:

Cell Phone: Fax Number: Referred By:

E-Mail: At Residence Since: 1/15/14

Input By: X-Date: Effective Date of Rating: 2/14/15

Addresses

	Street	City	State	ZIP
Garaged	<u>1051 Fulton Ave</u>	<u>Sacramento</u>	<u>CA</u>	<u>95865</u>
Mailing				
Work	<u>1689 Arden Mall</u>	<u>Sacramento</u>	<u>CA</u>	<u>95815</u>
Home				
Prior Home				

Employer: Cashier Years with this Employer: 8 Business Type:






Applicant Status: Prospect Agency Client ID:

For Help, press F1

~ Enter insured's information in the information screen
~ Include work/school address if insured works/goes to school

FSC Rater - California Auto Rater - Jennifer Test - Driver View

File Edit View Tools Help

#	Name	Age	Excluded	Ignored	Sex	Mar	Veh	#Acc	#Vio	MVR
1	Jennifer Test	42			F	S	P1	0	0	N
2	Lillian Test	17			F	S	P2	0	0	N

Add...
Delete
☐ Ignore for rating
☐ Excluded

General | Incidents / Violations | Driver Underwriting

First Name: Jennifer
 Middle Name:
 Last Name: Test
 Birth Date: 8/04/73 Age: 42
 Sex: Female
 Marital/Partner Status: Single
 Custody of children: ☐
 Relationship to applicant: Insured
 Filing: None

Licensed
 Date First Licensed: 8/04/89
 Consecutive Yrs/Mos: 26 4
 California: 26 4
 Verifiable U.S.: 26 4
 Total U.S.: 26 4
 Total Foreign: 0 0
 Status: Active

Prior Insurance
 Liability: 26 4 0
 Physical Damage: 26 4 0
 Employment Status: Employed
☐ Good Student
☐ Away at School
☒ Driver Training
☐ Mature Driver Course
 Employment Position: Cashier







Additional Information
 License Number:
 License State: CA
 License Issue Date:
 Driver SSN:

Enter the specific occupation description

~ In the Driver screen (blue person icon), enter Named Insured's information in the "General tab"
~ Be sure to enter at least # of years Insured previously carried Liability and Physical Damage under Prior Insurance section

FSC Rater - California Auto Rater - Jennifer Test - Driver View

File Edit View Tools Help

#	Name	Age	Excluded	Ignored	Sex	Mar	Veh	#Acc	#Vio	MVR
1	Jennifer Test	42			F	S	P1	0	0	N
2	Lillian Test	17			F	S	P2	0	0	N

Add...

Delete

☐ Ignore for rating
☐ Excluded

General **Accidents / Violations** Driver Underwriting

Select by Vehicle Code... Select By Category > X

Violation Date	Conviction Date	Vehicle Code	Description	#

~ Once you've entered Named Insured's information, select the "Accidents/Violations" tab and enter any accidents, violations, DUI's in the past 5 years

FSC Rater - California Auto Rater - Jennifer Test - Driver View

File Edit View Tools Help

#	Name	Age	Excluded	Ignored	Sex	Mar	Veh	#Acc	#Vio	MVR
1	Jennifer Test	42			F	S	P1	0	0	N
2	Lillian Test	17			F	S	P2	0	0	N

☐ Ignore for rating
☐ Excluded

General | Accidents / Violations | **Driver Underwriting**

Description	Value
Prior Insurance	
<input type="button" value="+"/> Prior Carrier	AAA
Prior Insurance Type	Preferred
Prior Liability Limits	100/300
Time with Prior Carrier	
Current Policy Expiration	
Reason for no prior Carrier	
Club/Organization Member	
California Farm Bureau Member	<input type="checkbox"/>
AAA Roadside Member	<input type="checkbox"/>
Education/Occupation	
Business/Industry	Other
Education Level	High School Diploma
Alumni Association	<input type="checkbox"/>
Retired Association Member	<input type="checkbox"/>
Miscellaneous	
Non-Smoker	<input type="checkbox"/>
Homeowners Association	<input type="checkbox"/>
Defensive Driver Course Date	
Carrier-Specific	
Allied/AMCO	
Group Occupation Discount	All Other
Driver Living With Parent	<input type="checkbox"/>
Hartford	
Professional Discount	None
Reason For No Prior Insurance	
Kemper RT	
Business/Industry	None
MetLife Auto & Home	
Driver Improvement Course	None
Driver Improvement Course Date	
Safeco	

~ Enter Prior Carrier's information.

~ Please note: If you do not see the option to input prior carrier's name, type and limits, it is because you forgot to enter # of years of liability/physical coverage in the "Prior Insurance" section on Page 2

FSC Rater - California Auto Rater - Jennifer Test - Driver View

File Edit View Tools Help

Forms

#	Name	Age	Excluded	Ignored	Sex	Mar	Veh	#Acc	#Vio	MVR
1	Jennifer Test	42			F	S	P1	0	0	N
2	Lillian Test	17			F	S	P2	0	0	N

Add...
Delete
☐ Ignore for rating
☐ Excluded

General | Accidents / Violations | Driver Underwriting |

First Name: Lillian
Middle Name:
Last Name: Test
Birth Date: 13/28/98
Age: 17
Sex: Female
Marital/Partner Status: Single
Custody of children 1:
Relationship to applicant: Child
Filing: None

Licensed
Date First Licensed: 3/28/14
Consecutive Yrs/Mos: 1 8
California: 1 8
Verifiable U.S.: 1 8
Total U.S.: 1 8
Total Foreign: 0 0
Status: Active

Prior Insurance
Liability: 1 8 0
Physical Damage: 1 8 0
Employment Status: Employed
☐ Good Student
☐ Away at School
☒ Driver Training
☐ Mature Driver Course
Employment Position:

Additional Information
License Number:
License State: CA
License Issue Date:
Driver SSN:

Enter this driver's birth date in MMDDYY format.

FSC Rater - California Auto Rater - Jennifer Test - Vehicle View

File Edit View Tools Help

☐ Ignore for rating

☐ Non-owner

#	Description	ZIP	Ann...	Op	Ign...
1	2015 Honda Civic LX	95825	10000	1	
2	2006 Saturn Ion 3	95825	10000	2	

General | Vehicle Underwriting | Vehicle | Loss Payee | Additional Information

ZIP Code: 95825 ISO Symbol: 25 Garage: ☐ Locked ☐ Private

Usage:

- ☒ Commute
- ☐ Pleasure
- ☐ Business
- ☐ Farm
- ☐ Artisan

Performance: Cost New: KBB Value Current Value: KBB Value Special Cost: 0

One Way Miles: 2 State Registered: CA

Annual Mileage: 10000 Loan/Lease: Neither

☐ Interior Hoodlock ☐ VIN Etching ☐ Homing Device ☐ Automatic Seatbelts ☒ Daytime Running Lights

Airbags:

- ☐ None
- ☐ Driver
- ☒ Driver & Passenger
- ☒ Side Impact

Antilock Brakes:

- ☐ None
- ☐ 2-Wheel
- ☒ 4-Wheel

Alarm:

- ☒ None
- ☐ Passive
- ☐ Active

Disabling Device:

- ☐ None
- ☒ Passive
- ☐ Active

Click to calculate commute

IMPORTANT:

Please ask Named Insured if ALL vehicles to be insured are registered to him/her. If not, please let WIAA Underwriter know.

WIAA prefers at least 10K for annual mileage. However, most carriers run odometer reports to verify annual miles driven. We will use carrier's numbers unless something has changed (ex: insured relocated, etc.).

Vehicle Wizard - Lookup Page

VIN Lookup

VIN:

Model Lookup

Year:

Makes:

- AC
- Acura
- Alfa Romeo
- Allard
- AM General
- AMC
- Amaretti
- Aro
- Aston Martin
- Auburn
- Audi

☐ Show all makes

☐ Make is not on list

Models:

☐ Show all models

☐ Model is not on list

~Enter VIN number then click "Lookup" and vehicle information will pre-fill.
~If you cannot find vehicle, enter year, make and model to rate.
~Must have valid VIN number to issue.

FSC Rater - California Auto Rater - Jennifer Test - Vehicle View


File Edit View Tools Help

1 2015 Honda Civic LX 95825 10000 1
2 2006 Saturn Ion 3 95825 10000 2

Add...
Change...
Delete
☐ Ignore for rating
☐ Non-owner

General | Vehicle Underwriting | Vehicle | Loss Payee | **Additional Information**

Odometer:
When Purchased: 0
Current: 5

License Plate Number:
Purchase Date: 12/09/15 

☐ Purchased New

Check box if vehicle was purchased new

FSC Rater - California Auto Rater - Jennifer Test - Limits and Deductibles View

File Edit View Tools Help

General Company Underwriting Renewals

Coverage	Limit	Vehicle 1	Vehicle 2
Bodily Injury	50/100		
Property Damage	50		
CSL Liability Preferred	<input type="checkbox"/>		
Medical Payments	None		
Accidental Death	None		
UMBI	50/100		
UMPD/CDW	<input checked="" type="checkbox"/>		
Comprehensive	500	500	500
Full Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	500	500	500
Parked Car Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental	30/30	30/30	30/30
Towing	UCR	UCR	UCR
Lessor Liability Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Mexico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorist Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permissive User Buy Back	<input type="checkbox"/>		
Replacement Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tapes And Other Media	None	None	None
Kemper Package Classic	<input type="checkbox"/>		
Safeco Optimum Package Plus	<input type="checkbox"/>		
Apply Multicar Discount	<input checked="" type="checkbox"/>		

Select Bodily Injury limit.

~Select limits desired.

~ 50/100/25 are WIAA's minimum limits for preferred carriers

~Anything below 50/100/25 can only be written with Kemper Specialty

~An Acord 61 (UM Rejection Form) is also required if UMBI limits are lower than Bodily Injury limits OR if insured rejects UMBI altogether

FSC Rater - California Auto Rater - Jennifer Test - Limits and Deductibles View

File Edit View Tools Help

General Company Underwriting Renewals

Description	Value
Common Carrier Questions	
Residence	
Residence Type	Apartment
Residence Owned	<input type="checkbox"/>
Miscellaneous	
Unlisted Company Car	<input type="checkbox"/>
Allied/AMCO	
Homeowners Policy	None
Umbrella	<input type="checkbox"/>
Financial Product Code	None
Hartford	
Other Policies	None
Advantage Plus	<input type="checkbox"/>
Kemper	
Homeowners Policy	<input type="checkbox"/>
Homeowners Type	
MetLife Auto & Home	
Life Insurance Policy	<input type="checkbox"/>
Homeowners Policy	None
Product to be quoted	Monoline Auto
Safeco	
Homeowners Policy	None
Umbrella Policy	<input type="checkbox"/>
CDF Policy	<input type="checkbox"/>
Travelers	
Other Policies	
Boat	<input type="checkbox"/>
Homeowners Policy	None
Homesaver (Dwelling Fire)	<input type="checkbox"/>
Personal Articles Floater (PAF)	<input type="checkbox"/>
Umbrella (PLUS)	<input type="checkbox"/>
Certified/Verified Mileage Program	<input checked="" type="checkbox"/>

Select the type of residence the Applicant lives in.

~ Select residence type.
~ If you wish to apply mutlipolicy discount (auto+home or auto+renters), simply select the proper homeowners policy from the drop down boxes under each carrier

~ Check off box for Certified Annual Mileage Program for most competitive pricing. Travelers will run initial odometer reports to verify stated current odometer reading.

FSC Rater - California Auto Rater - Jennifer Test - Rating Results View

File Edit View Tools Rating Results Help

Forms

	Cvg	Term	Premium	Fees	Total	Annual	# Installments	Installment Amt.	Down
Travelers RT	Li/Ph	12	3337	4	3341	3341			3341
Grand Total			3337	4	3341	3341			3341


Liability/Physical Damage Markets	RT	*	R	I	Not Rated	Term	Terms	Down	Total	Annual
<input type="checkbox"/> Travelers RT - Certified & Acct	+	*				12	6,12	2859	2859	2859
<input checked="" type="checkbox"/> Travelers RT	+	*				12	6,12	3341	3341	3341
<input type="checkbox"/> MetLife Auto & Home - Auto Group	+	*		I		12	6,12	4066	4066	4066
<input type="checkbox"/> MetLife Auto & Home - Auto - RT	+	*		I		12	6,12	4460	4460	4460
<input type="checkbox"/> Hartford RT	+	*		I		12	6,12	5003	5003	5003
<input type="checkbox"/> Allied RT	+	*		I		12	6,12	5810	5810	5810
	*			I		12	6,12	6070	6070	6070
	*			I		12	6,12	6154	6154	6154
	*			I		12	6,12	6644	6644	6644
	*	R		I		12	6,12	4517	4517	4516

Markets Not Rated	Reason
Kemper Preferred RT	Authentication failed. Incorrect userid and/or password.
Safeco Standard	Non Good Driver policies only.

Coverage	Ded	15 Honda Civic LX	Ded	06 Saturn Ion 3	Total
Bodily Injury: 50/100		792		380	1172
Property Damage: 50		590		144	734
CSL Liability: None					
Medical Payments: None					
UMBI: 50/100		102		74	176
UMPD	None		None		
CDW	Yes	5	Yes	2	7
Comprehensive	500	138	500	60	198
Special Glass Cover	No		No		
Collision	500	500	500	213	213

For Help, press F1

FSC

 This quote will be saved before opening FSC Forms.

OK Cancel

Internet Explorer

This file includes fillable form fields.
You can print the completed form and save it to your device or Acrobat.com.

Highlight Existing Fields

Tools Fill & Sign Comment

Fill & Sign Tools

Add Text

Add Checkmark

Place Initials

Place Signature

Send or Collect Signatures

Work with Certificates

ACORD CALIFORNIA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY) 12-14-2015

AGENCY AGENTS RESOURCES, INC. 11190 SUN CENTER DRIVE SUITE 100 RANCHO CORDOVA CA 95670		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Jennifer Test 1051 Fulton Ave Sacramento CA 95825		TELEPHONE NUMBER 916-999-9999
CONTACT NAME		CARRIER Travelers		NAIC CODE 36137
PHONE (A/C, No, Ext.) 916-443-4221		PLAN		POLICY #
FAX		EFFECTIVE DATE 12-14-2015		ACCT #
E-MAIL ADDRESS		EXPIRATION DATE 12-14-2016		DIRECT AGENCY
CODE: OKT099		SUBCODE		MAIL POLICY TO AGENT Full Payment
AGENCY CUSTOMER ID		PAYMENT PLAN		

INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS

RESIDENCE

CURRENT RESIDENCE IS OWNED RENTED

YRS AT ADDR
CITY STATE ZIP + 4

ADDITIONAL GARAGING ADDRESS(ES)

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: 2

VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/ICC	DATE LEASED	DATE PURCH	NEW/USED
1		2015	Honda	Civic LX	4DRHT	19XFB2F50FE289884	CA			12-09-2015	Used
2		2006	Saturn	Ion 3	4DRHT	1G8AL55F36Z107189	CA			12-09-2006	Used

VEH	COST NEW	SYMBOL	AGE	GR/PTC	COMP	COLL	SYM	TERR	MILE 1 WK	# DAYS	# WKS	USAGE	PER	MULTI	CAR	ODOMETER	ANNUAL	SOVEREIGN	DRIVER USE %
1	20080								2			COM	N			5	10000		
2	14890								1			PL	N			150000	10000		

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG	ANTI-LOCK	ANTI-THEFT	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG	ANTI-LOCK	ANTI-THEFT	CREDITS AND SURCHARGES
1		FrontSide	4WABS	P									
2		FrontBoth		P									

COVERAGES / PREMIUMS

COVERAGES	LIMITS OF LIABILITY	VEHICLE # 1	VEHICLE # 2	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	EA ACCIDENT	\$	\$	\$	\$
BODILY INJURY LIABILITY	EA PERSON \$100000	\$ 792.00	\$ 380.00	\$	\$
PROPERTY DAMAGE LIABILITY	EA ACCIDENT	\$ 590.00	\$ 144.00	\$	\$
MEDICAL PAYMENTS	EA PERSON	\$	\$	\$	\$
CSL	EA ACCIDENT	\$	\$	\$	\$

Don't forget to answer all "Yes/No" questions to expedite your submission!

Internet Explorer

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Tools Fill & Sign Comment

Highlight Existing Fields

Fill & Sign Tools

- Add Text
- Add Checkmark
- Place Initials
- Place Signature

Send or Collect Signatures

Work with Certificates

GENERAL INFORMATION (continued) AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

6. ANY OTHER INSURANCE WITH THIS COMPANY?

POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	TYPE OF INSURANCE	Y / N

7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?

DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)	Y / N

8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?

DRV #	SUSPENSION PERIOD	EXPLANATION	REINSTATEMENT DATE	Y / N
	Start Date: End Date:			

9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT?

DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE	Y / N

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

DRV #	EXPLANATION	Y / N

11. ANY FINANCIAL RESPONSIBILITY FILING?

DRV #	REASON FOR FILING	FILING DATE	Y / N

12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?

FILING DATE	Y / N

13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?

DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED	Y / N

14. IS THIS BROKERED BUSINESS TO THE AGENT?

Y / N

15. HAS AGENT INSPECTED VEHICLE?

Y / N

16. ANY MOTORCYCLES TO BE INSURED? (Indicate driver numbers, and provide number of years licensed to drive motorcycles)

DRV #	# OF YEARS LICENSED	DRV #	# OF YEARS LICENSED	Y / N

17. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

DRV #	EXPLANATION	Y / N

18. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?

DRV #	EXPLANATION	Y / N

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

STATE SUPPLEMENT, ACORD 177 CA	DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE

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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.

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.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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.

☐ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

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?

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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ACORD 90 CA (2010/12) Page 4 of 4

Signatures not required until issuance