Application for Insurance

Please review, sign where indicated and return

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Policy and premium information for policy number \<Policy Number\>
Policy and premium information

Insurance company:	\<Underwriting company name (UWC)\> \<UWC address\> \<UWC city\>, \<UWC state\> \<UWC zip\>
\<Broker/Agent :\>	\<Agent Name\> \<Agency Name\> \<Agent address\> \<Agent city\>, \<Agent state\> \<Agent Zip\> \<5 Digit agent code\> \<Agent phone number\>
\<Broker/Agent :\>	\< Agency Name \> \< Agent address \> \< Agent city\>, \<Agent state\> \<Agent Zip \> \<5 Digit agent code \> \< Agent phone number\>
\<Named insured/Named insureds\>	\<Named insured Full Name\> \<* Second Named insured Full Name\> \<Name insured address\> \<*Name insured 2nd line address\> \<Name insured city, state and zip\> \<*Foreign address\> Home:\<Insured home phone number\>
Financial responsibility vendor:	\<Credit Vendor name\> \<Credit Vendor phone number\>
Policy period:	\<Policy effective date\> - \<Policy expire date\>
Effective date and time:	\<Policy effective date\> at \<Policy effective time\> \<Time zone\>
Total policy premium:	\<$XXXXXXX.XX\>

Initial payment required: <$XXXXXXX.XX>

....

Initial payment received: <$XXXXXXX.XX>

....

Payment plan: <Payment method>

....

Effective date and time: Your policy will be effective when your required initial payment is submitted or at a later
date of your choice.

....

Total policy premium: <$XXXXXXX.XX>

....

Initial payment required: <$XXXXXXX.XX>

....

Payment plan: <Payment method>

Drivers and household residents

The applicant, spouse and all household residents <Household residents minimum age> years of age or older, all regular
operators of the vehicles described in this application, and all children who live away from home who drive these vehicles, even
occasionally, are listed below. Your total policy premium can be affected by all persons of driving age. While designating drivers
as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers
does not affect premium.

Name	Date of birth	Sex	Marital status	Relationship
<Insured Full name>	<Date of birth>	<Sex>	<Marital Status>	<Relationship to Insured>

Driver status: <Driver Status>
Education level: <Education Level description>

Named Non-Owner

	Additional information
<Driver Full Name>	<Additional Driver Information>

Education level: <Education Level description>

Driver filing

Name
 <SRF-INSD-NAME-FIRST> <MI> < SRF-INSD-NAME-LAST> <SFX>

....

Filing type: <SRF-FILE-TYPE>   <SRF-FILE-TYPE-2>   <SRF-FILE-TYPE-3>   <SRF-FILE-TYPE-4>
State: <SRF-STATE >   <SRF-STATE-2>   <SRF-STATE-3>   <SRF-STATE-4>
Case number: <SRF-CASE-NBR>   <SRF-CASE-NBR-2>   <SRF-CASE-NBR-3>   <SRF-CASE-NBR-4>
Effective date: <SRF-EFF-DT>   <SRF-EFF-DT-2>   <SRF-EFF-DT-3>   < SRF-EFF-DT-4>

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown
for a vehicle may not be combined with the limits for the same coverage on another vehicle.

General policy coverage

	Limits	Deductible	Premium
<Coverage description>	<Limits>	<Deductible>	<$X>
<Coverage description>	<Limits>	<Deductible>	<X>
<Coverage description>	<Limits>	<Deductible>	
<Coverage description>	<Limits>		free

<Coverage description>	<Limits>		included
<Coverage description>	<Limits>	<Deductible>	
<Coverage description>	<Limits>	<Deductible>	<X>

Total premium for general policy coverage **<$x>**

Total premium for general policy coverage

<Vehicle year> <Vehicle Make> <Vehicle Model> <*Vehicle Body type>
VIN :**< Vehicle VIN number>**
Garaging ZIP Code:<Garaging Zip>
Primary use of the vehicle: <use>
This vehicle is currently enrolled in the <UBI program name> ᔢ Program.

	Limits	Deductible	Premium
< Coverage description >	<Limits>	<Deductible>	<$X>
< Coverage description >	*	<Deductible>	<X>
< Coverage description >	<Limits>	<Deductible>	<X>
< Coverage description >	<Limits>	<Deductible>	
< Coverage description >	<Limits>	<Deductible>	
< Coverage description >	<Limits>	<Deductible>	<X>
< Coverage description >	<Limits>	<Deductible>	free
< Coverage description >	<Limits>	<Deductible>	included

Total premium for<Vehicle year> < Vehicle make> **<$x>**

* In the event of a total loss of this vehicle, the maximum amount payable is the lesser of the Actual Cash Value or the stated amount of <stated amount>.
* In the event of a loss, the maximum amount payable is the lesser of the actual cash value, subject to the deductible, or the limit of <stated amount>.

Subtotal policy premium **<$xxx.xx>**

<Fee description> <xx.xx>

Total <term length> month policy premium <*and fees> **<1$xxx.xx>**

Total <term length> month policy premium, with paid in full discount <*and fees> **<2$xxx.xx>**

Total <term length> month policy premium, with <3X> payments after initial payment <*and fees> <4$xxx.xx>

Premium discount
Premium discounts

Policy

<Policy number>	<Discount (s) description>

Driver

<Driver name >	<Driver discount(s) description>

Vehicle

<Vehicle Year><Vehicle Make>	<Vehicle discount(s)>
<Vehicle Model>	

Additional policy information

Policy

<Policy number>   <Surcharge description>

Driver

<Driver full name>   <Driver surcharge description>

Vehicle

<Vehicle Year> <Vehicle Make>   <Vehicle surcharge description>
<Vehicle Model>

Driving history

Driving history (continued)

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at‑fault and chargeable if the driver was 50 percent or more at-fault unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

<Company Brand Name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Driver and Description	Date	Source/Consumer reporting agency
<Violation Driver Full Name> <Violation Description>	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> accident points not charged	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> points not charged	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> Waived under the Progressive Auto Advantage package	<Mon DD, YYYY>	<All sources/reporting vendor names>

rr <HDR-RATE-REV-MM> <HDR-RATE-REV-YY>, c <PMD-COMMISSION>, rp <PMD-RATE-PLAN>, bp <ARB-BILL-PLN-CD> This application has been electronically transmitted.

Risk tier information

Prior insurance:	<POP-INSURANCE-DESC>
Prior insurance carrier:	<POP-CARRIER>
Policy number:	<POP-POL-NBR>
Bodily injury limits:	<POP-BI-LIMIT>
Comp claims:	<POP-POL-NBR>
Not at-fault accidents:	<POP-BI-LIMIT>

Lienholder and additional interest information
Lienholder information
Additional interest information

Vehicle	Lienholder	Additional interest
<Vehicle Year> <Vehicle Make> <Vehicle Model> <VIN>	<*Lienholder name> <*LH City, state zip>	<*Additional Interest name> <*AI City, state zip>
	<*Lienholder name> <*LH City, state zip>	<*Additional Interest name> <*AI City, state zip>

Vehicle   **Additional interest**
Vehicle   **Lienholder**

Vehicle	Lienholder
<Vehicle Year> <Vehicle Make> <Vehicle Model> <VIN>	<*Lienholder /Additional Interest name> <*City> <*State> <*ZIP>
	<*Lienholder /Additional Interest name> <*City> <*State> <*ZIP>

Additional interest information

Additional Interest:	<Additional Interest name> <Additional Interest street address> <City>, <State> <ZIP>

rr <HDR-RATE-REV-MM><HDR-RATE-REV-YY>, c <PMD-COMMISSION>, rp <PMD-RATE-PLAN>, bp <ARB-BILL-PLN-CD>This application has been electronically transmitted.

Offer of Uninsured/Underinsured Motorist Coverage

If you purchase this coverage, Uninsured/Underinsured Motorist Coverage would protect you, your resident relatives, and occupants of a covered vehicle if any of you sustain bodily injury, including any resulting death, in an accident for which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist) or does not have enough insurance (an underinsured motorist).

You may purchase Uninsured/Underinsured Motorist Coverage up to the limits of the bodily injury liability coverage that you have selected. You may not purchase Uninsured/Underinsured Motorist Coverage with limits that exceed the limits of the bodily injury liability coverage selected. Uninsured/Underinsured Motorist Coverage may not be added, combined, or stacked together regardless of the number of vehicles listed on the policy.

Offer of Medical Payments Coverage

If you purchase this coverage, Medical Payments Coverage provides protection, without regard to legal liability, for reasonable and necessary medical and funeral expenses incurred by an insured person who sustains bodily injury in an accident while operating or occupying a covered vehicle or when struck as a pedestrian by a motor vehicle or trailer.

You may purchase Medical Payments Coverage in an amount of $1,000 as well as higher optional limits. This coverage may not be added, combined, or stacked together regardless of the number of vehicles listed on the policy.

Application agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

Acknowledgement and agreement

- If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

- If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

- This insurance and personalized service is available at this price exclusively through a <HDR-CO-BRAND-NAME> independent agent. <HDR-CO-BRAND-NAME> affiliated companies selling insurance directly have different prices and products.

Other charges

I understand that if I cancel this policy, any refund due will be computed on a ninety percent (90%) of a daily pro-rata basis. This is a daily, accelerated method of calculating short-rate earned premium on cancellations. When I renew this policy, I understand that the Company will refund premium on a daily pro-rata basis.

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each

renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of <BIL-NSF-SERVICE-FEE> will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of <BIL-LATE-FEE> when the payment for the minimum amount due is not received or postmarked by the premium due date. The amount of this fee may change upon policy renewal.

Applicant signature

I represent that I, <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>, am the person identified as the named insured and the first driver in the Drivers and household residents section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

Signature of named insured   **Date**

X<HDR-PNI-FULL-NAME>   <HDR-PNI-ESIGN-DT>

....

Form 7982 NV (09/12)

Continued