

Personal Automobile Insurance Application

Pacific Shield Insurance Company • 877-453-9182 • FAX: 415-781-5432 • www.pacificshield.com

Please submit completed application with a copy of your current policy declarations page(s)

INSURED INFORMATION

| | |
|-----------------------------------------|--------------------------------------------|
| Name: Robert A. Johnson | Name of co-applicant: Jennifer L. Johnson |
| Address: 423 Bayside Terrace | City: San Francisco |
| County: San Francisco | State: California Zip: 94118 Rent/Own: Own |
| Home Phone Number: (415) 555-8762 | Business Phone Number: (415) 555-3297 |
| Email Address: robert.johnson@email.com | |

DRIVER INFORMATION (Please complete for each driver you want to insure)

| | | |
|------------------------------------------------|------------------------------------------------|------------------------------------------------|
| Driver 1 | Driver 2 | Driver 3 |
| Name: Robert A. Johnson | Name: Jennifer L. Johnson | Name: Tyler R. Johnson |
| Marital Status: Married | Marital Status: Married | Marital Status: Single |
| Gender: Male Date of Birth: 08/25/1982 | Gender: Female Date of Birth: 11/14/1983 | Gender: Male Date of Birth: 03/21/2006 |
| Date Licensed: 05/12/1998 | Date Licensed: 07/30/1999 | Date Licensed: 04/05/2022 |
| Driver's License Number & State: F3582910 - CA | Driver's License Number & State: G7824631 - CA | Driver's License Number & State: H9513782 - CA |
| Social Security Number: 404-15-7821 | Social Security Number: 512-34-6547 | Social Security Number: 718-24-4325 |

VEHICLE INFORMATION (Please complete for each vehicle you want to insure)

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Vehicle ID Number (VIN): 5TFHW5F17FX489721 | Vehicle ID Number (VIN): 1G1FD3D77M0125683 | Vehicle ID Number (VIN): KMHD84LF8LU987654 |
| Year/Make/Model: 2022 Toyota Tacoma | Year/Make/Model: 2021 Chevrolet Bolt | Year/Make/Model: 2020 Hyundai Elantra |
| Annual Mileage: 15,300 | Annual Mileage: 8,500 | Annual Mileage: 3,900 |
| Usage: <input checked="" type="checkbox"/> Business <input type="checkbox"/> Carpool <input type="checkbox"/> Pleasure <input type="checkbox"/> Other | Usage: <input type="checkbox"/> Business <input type="checkbox"/> Carpool <input checked="" type="checkbox"/> Pleasure <input type="checkbox"/> Other | Usage: <input type="checkbox"/> Business <input checked="" type="checkbox"/> Carpool <input type="checkbox"/> Pleasure <input type="checkbox"/> Other |
| Anti-lock Brakes: <input type="checkbox"/> None <input type="checkbox"/> 4 Wheel <input checked="" type="checkbox"/> 4 Wheel Standard <input type="checkbox"/> After market | Anti-lock Brakes: <input type="checkbox"/> None <input type="checkbox"/> 4 Wheel <input checked="" type="checkbox"/> 4 Wheel Standard <input type="checkbox"/> After market | Anti-lock Brakes: <input type="checkbox"/> None <input type="checkbox"/> 4 Wheel <input checked="" type="checkbox"/> 4 Wheel Standard <input type="checkbox"/> After market |
| Air Bag: <input type="checkbox"/> None <input checked="" type="checkbox"/> Driver & Passenger <input type="checkbox"/> Driver | Air Bag: <input type="checkbox"/> None <input checked="" type="checkbox"/> Driver & Passenger <input type="checkbox"/> Driver | Air Bag: <input type="checkbox"/> None <input checked="" type="checkbox"/> Driver & Passenger <input type="checkbox"/> Driver |
| Anti-theft: <input type="checkbox"/> None <input type="checkbox"/> Vehicle Retrieval System <input type="checkbox"/> VIN Etching <input checked="" type="checkbox"/> Passive Disabling Device <input checked="" type="checkbox"/> Alarm Only <input type="checkbox"/> Active Disabling Device | Anti-theft: <input type="checkbox"/> None <input checked="" type="checkbox"/> Vehicle Retrieval System <input checked="" type="checkbox"/> VIN Etching <input type="checkbox"/> Passive Disabling Device <input type="checkbox"/> Alarm Only <input type="checkbox"/> Active Disabling Device | Anti-theft: <input checked="" type="checkbox"/> None <input type="checkbox"/> Vehicle Retrieval System <input type="checkbox"/> VIN Etching <input type="checkbox"/> Passive Disabling Device <input type="checkbox"/> Alarm Only <input checked="" type="checkbox"/> Active Disabling Device |
| Percentage of Use per Driver: Driver 1 80% Driver 2 20% Driver 3 0% | Percentage of Use per Driver: Driver 1 15% Driver 2 85% Driver 3 0% | Percentage of Use per Driver: Driver 1 5% Driver 2 10% Driver 3 85% |
| Vehicle Garaged at Mailing Address: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Vehicle Garaged at Mailing Address: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Vehicle Garaged at Mailing Address: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

CURRENT INSURANCE INFORMATION

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|-------------------------------------------|---------------------------------|
| Carrier: Westcoast Auto Insurance | Years with Carrier: 4 |
| Bodily Injury Limits: \$100,000/\$300,000 | Property Damage Limit: \$50,000 |
| Collision Deductible: \$500 | Comprehensive Deductible: \$250 |

COVERAGE SELECTION

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|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Please select desired coverage: | | | |
| Liability: <input type="checkbox"/> \$15k/\$30k/\$5k <input type="checkbox"/> \$50k/\$100k/\$50k <input type="checkbox"/> \$250k/\$500k/\$100k | <input type="checkbox"/> \$25k/\$50k/\$25k <input checked="" type="checkbox"/> \$100k/\$300k/\$50k <input type="checkbox"/> \$500k/\$500k/\$100k | Medical Payments: <input type="checkbox"/> None <input checked="" type="checkbox"/> \$5,000 | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$10,000 |
| Uninsured/Underinsured Motorist: <input type="checkbox"/> None <input type="checkbox"/> \$25k/\$50k <input type="checkbox"/> \$250k/\$500k | <input type="checkbox"/> \$15k/\$30k <input checked="" type="checkbox"/> \$100k/\$300k | Comprehensive Deductible: <input type="checkbox"/> None <input type="checkbox"/> \$500 | <input checked="" type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 |
| Collision Deductible: <input type="checkbox"/> None <input checked="" type="checkbox"/> \$500 | <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 | Rental Reimbursement: <input type="checkbox"/> None <input checked="" type="checkbox"/> \$30/day, \$900 max | <input type="checkbox"/> \$20/day, \$600 max <input type="checkbox"/> \$50/day, \$1,500 max |

APPLICANT'S STATEMENT & SIGNATURE

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| I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations, and changes unless I notify Pacific Shield Insurance Company of my intent to change coverage in writing. |
| All information provided in this application is correct to the best of my knowledge. |
| Applicant's Signature: Robert A. Johnson Date: 04/15/2025 |
| Co-Applicant's Signature: Jennifer L. Johnson Date: 04/15/2025 |