



# Auto Insurance Application for Insurance

This document is an Application for Insurance. Your signature at the end of this document is required. If our records do not show that you have provided us with a signed copy of this document, we reserve the right to terminate your coverage as permitted by law. Please keep a copy for your records. 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.

**Policy Number:** 17505-27-74  
**Effective Date:** 3/8/2018 12:01 AM  
**Expiration Date:** 3/8/2019 12:01 AM  
**Named Insured(s):** Raja Raja  
 20 First Street  
 Arizona, AZ 86336  
 (987) 454-5687  
[testesign123@gmail.com](mailto:testesign123@gmail.com)  
**Your Farmers Agent:** Roy D Rogers  
 1500 E Cedar Ave Ste 18  
 AZ 86004-1642  
 (928) 779-6334  
 FAX(928) 526-9249  
[rrogers@farmersagent.com](mailto:rrogers@farmersagent.com)  
**Underwritten By:** Farmers Insurance Company of Arizona  
 16001 N. 28th Ave  
 Phoenix, AZ 85053  
**Print Date:** 3/8/2018  
**Go Paperless:** Yes  
**eSignature:** Yes

## Premiums/Fees

Policy Premium	\$2,288.10
Membership/Policy Fees*	\$15.00
(Non-Refundable)	
Regulatory Charges	\$0.00

**Policy Premium and Fees \$2,303.10**

\*Also see Information on Additional Fees below.

## Driver and Resident Information

The applicant, spouse, Domestic Partner and all household residents 15 years of age or older, all operators of the vehicle described in this application and all children who live away from home who drive these vehicles, even occasionally, are listed below.

Name	Driver Status	Sex	Marital Status	DOB	Relationship	Driver License	Ride-sharing Driver
Raja Raja	Rated	Male	Single/Separated	**/**/1972	Primary Insured	*****61	

## Vehicle Information

Vehicle	Year/Make/Model/VIN	Coverage	Deductible	Limit
1	1985 Ford Truck E350 Rv Cutaway Van Rv Cu 1FDKE30LXFHA84842	Comprehensive:  Collision:	Not Covered  Not Covered	

## Application for Insurance (continued)

### Auto Insurance History


Acceptable proof must be submitted with application

Prior Carrier	Policy Number	BI/PD: Limit	Duration
Other - No Discount		15,000/30,000	Continuous for 13 month(s)



### Discounts

Discount Type	Applies to Vehicle(s)	Discount Type	Applies to Vehicle(s)
Safe Driver	1	Paid In Full	1
Group - Farmers Agt	1	Good Payer	1
ePolicy	1		

### Coverage Information

Coverage	Limits (applicable to all vehicles)	Premiums by Vehicle Vehicle 1
Bodily Injury Liability	\$15,000 each person \$30,000 each accident	\$900.90
Property Damage Liability	\$15,000 each accident	\$1,021.30
Medical Coverage	\$5,000 each person	\$365.90
Uninsured Motorist		Not Covered
Underinsured Motorist		Not Covered
Comprehensive		Not Covered
Collision		Not Covered
Towing and Road Service		Not Covered
Total Premium Per Vehicle		\$2,288.10
 <b>Policy Premium</b>		<b>\$2,288.10</b>

### Fee Detail

	Vehicle 1	Total
Fees Per Vehicle	\$15.00	\$15.00
 <b>Fees</b>		<b>\$15.00</b>
 <b>Policy Premium and Fees</b>		<b>\$2,303.10</b>

**The Quoted Premium Is Subject To Change (Increase Or Decrease).** The quoted premium is determined by base rates in effect on the effective date of the Application as referenced above, which are subject to change without notice. The Insurer also reserves the right to accept, reject, or modify the requested coverage and/or the quoted premium after review of this Application, and after review of other underwriting information.

Application for Insurance (continued)

Rating Information

Details	Vehicle 1
Garaging Zip	86336
Vehicle Usage	Non-Business



## Application for Insurance (continued)

### Declarations of Applicant

(Applicant Must initial all items)

- 1) \_\_\_\_\_ All persons in my household are declared on this application with no exception, including, but not limited to:
  - a. All persons of legal driving age, whether or not they are licensed to drive, including permit drivers;
  - b. All persons whether or not they are related to me by blood, marriage, or adoption, including students attending school away from home, and;
  - c. All persons whether or not they are insured by another insurer.
- 2) \_\_\_\_\_ All persons who regularly operate any car insured under this policy are declared on this application. Regularly operate means operating any car insured under this policy for more than 30 days per year.
- 3) \_\_\_\_\_ All vehicles in my household, intended for coverage under this policy, are declared on this application without exception. Vehicles that appear on this application for insurance are:
  - a. Owned by me and/or my spouse, resident relative, or family member in the household, and;
  - b. Regularly parked, stored or garaged at my residence, except when noted that the vehicle is parked, stored or garaged at a different location.
- 4) \_\_\_\_\_ None of the vehicles listed on this application are used:
  - a. to carry persons for a charge or fee, such as for a limousine, taxi service, or rideshare service unless I have disclosed my or any driver's participation in such rideshare service (like Uber or Lyft) to my agent or the Company and purchased/have available coverage for such rideshare service. I understand that use in a shared-expense car pool is acceptable;
  - b. in the business of selling, repairing, servicing, storing, or parking of vehicles;
  - c. in any racing, speed, or demolition event or contest or stunting activity or in preparation for such an event, contest, or activity;
  - d. as a vehicle rented or leased to others;
  - e. by my employee (unless by a domestic employee, such as maids, chauffeurs, or nannies which must be listed on the policy);
  - f. in the pick-up or delivery of goods or services, including but not limited to the business or occupation of pizza delivery, farm produce delivery, mail delivery, newspaper delivery, messenger service, or;
  - g. for emergency services.
- 5) \_\_\_\_\_ I have disclosed all vehicles owned, maintained or operated in any full or part-time profession, occupation, trade or commercial enterprise.
- 6) \_\_\_\_\_ None of the drivers declared on this application have been convicted of insurance fraud.
- 7) \_\_\_\_\_ At least one vehicle listed on the application is garaged in Arizona at least ten (10) months a year.

## Application for Insurance (continued)

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**Coverage Period.** I understand that coverage will not be effective any earlier than the date and time the application is bound by the Insurer, signed by me and the premium paid.

I understand that the Coverage Period is effective as shown above and after the time for which applied. The policy may be renewed for an additional policy term, only as specified in any renewal offer, which is subject to the insured's payment of the specified premium in advance of the respective renewal date.

**Policy Coverage.** I understand that the Insurer provides insurance only for those coverages indicated by a specific limit, deductible or other notation and for which a premium for the coverage is shown. Physical Damage Coverage (if afforded) is based on the actual cash value of the factory standard motor vehicle and no coverage exists for customizing, add-on equipment or accessories that are not factory standard unless listed on this application.

**Consumer reports.** I agree to allow the Insurer to share my name, address, date of birth and social security number with third party consumer reporting agencies and insurance support organizations in order to obtain consumer reports, as permitted by law, for this application, any policy, renewals, or for any claim. I acknowledge that I may contact the Insurer to access this information, request a copy of this authorization form and correct information that is inaccurate, in accordance with law.

**Fees.** I agree that I will be charged a fully-earned Fee of \$15.00 per insured vehicle for a 6 month policy or \$15.00 per insured vehicle for an annual policy at the inception of my policy term.

**Insurance Binder.** The insurance reflected in this application is applied for and is hereby temporarily bound until the earlier of: (i) **90** days from the Effective Date of coverage; (ii) the issuance of a policy originally applied for to the Named Insured; or (iii) at least ten days, or any longer period required by applicable state law, from the date we mail notice that coverage has been cancelled. If coverage under this binder expires, no further notice is required to be sent to the Named Insured. *The terms of this binder take precedence over any other policy terms with regard to notice of termination.*

**Credit History Disclosure.** In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in

connection with the development of your insurance score.

**Fraud Warning.** Please be advised that any person who knowingly presents false or misleading information to an insurance company for the purposes of defrauding or attempting to defraud an insurance company, or provides false information concerning a material fact on an application for insurance, or helps any other person commit such acts, may be guilty of insurance fraud, and may be subject to substantial civil and criminal penalties, pursuant to the laws of the state in which those acts occur. For your protection Arizona law requires the following statement to appear on any claim form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**E-Mail Disclosure.** I understand that by providing my e-mail address to the Insurer, I may receive emails regarding my coverage – including but not limited to, premiums due, the status of my coverage, and renewals – and customer satisfaction or other surveys regarding my experience with Farmers. I understand that the Insurer and its affiliates will not sell or furnish my e-mail address to any non-affiliated third party and that I may opt out of receiving e-mails. Further, I understand that providing my email address is not a condition of purchase.

**Initial Premium Payment.** I understand that if any initial premium is remitted by check, draft, money order, credit/debit card, or Electronic Funds Transfer (EFT), such payment is a conditional payment and is only accepted subject to collection, and it is agreed that if the premium remittance is not honored, the Insurer may, at its option, rescind (void) my coverage from inception.

**Loss History.** I understand that the Insurer will consider my loss history in determining whether to decline, cancel, nonrenew or surcharge my coverage and that any claim made under my coverage will be reported to an insurance support organization.

**Notice of Information Practices.** We may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by us or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, we will provide you with more detailed information regarding our collection, use and disclosure of personal information, and your rights to access and

## Application for Insurance (continued)

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correct such information.

**Paperless Document Delivery.** I understand that I have the option of enrolling in paperless delivery of policy and/or billing documents. If I choose, or have chosen, paperless (electronic) delivery, I will be required to log onto [Farmers.com](http://Farmers.com), review and accept the terms and conditions of Go Paperless/Paperless Policy and/or Paperless Billing. If I do not accept the terms of paperless delivery, I will continue to receive Policy and/or Billing documents by mail. I understand that my enrollment in paperless delivery is not a condition of purchase.

## Application for Insurance (continued)

### \*Information on Additional Fees

The "Fees" stated in the "Premium/Fees" section on the front apply on a per-policy, not an account basis. The following additional fees also apply:

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| <b>1. Service Charge per installment</b> (In consideration of our agreement to allow you to pay in installments): <ul style="list-style-type: none"><li>- For Recurring Electronic Funds Transfer (EFT) and fully enrolled online billing (paperless): <b>\$0.00</b> (applied per account)</li><li>- For other Recurring EFT plans: <b>\$2.00</b> (applied per account)</li><li>- For all other payment plans: <b>\$5.00</b> (applied per account)</li></ul> | <b>2. Late Fee: \$0.00</b> (applied per account)<br><b>3. Returned Payment Charge: \$25.00</b> (applied per check, electronic transaction, or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account)<br><b>4. Reinstatement Fee: \$25.00</b> (applied per policy) |
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If this account is for more than one policy, changes in these fees are not effective until the revised fee information is provided for each policy.

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

I agree that the amount of any fee charged may change with any renewal of coverage and that the Insurer retains the right to change the amount, terms or conditions of the assessment of any fee with any such renewal. I understand that if the Insurer changes the amount of the assessment of any fee listed above, the Insurer will notify me of these changes in their offer to renew my policy.

I further understand that I am required to pay all fees assessed. My failure to pay more than a single late fee or failure to pay more than a single installment fee may result in cancellation of my coverage. Failure to pay any fees may result in the assessment of additional fees or the possibility of my account being assigned to a collections bureau.

**Acknowledgment.** I represent that I have applied for the insurance coverage(s) and limits as set forth in this Application for Insurance. I confirm that I have provided true, correct and complete information to the best of my knowledge in this Application, including the statements I was required to initial in the Declarations of Applicant section. The information provided above and my promises are offered to the Insurer as an inducement to issue the policy for which I am applying. I acknowledge and agree that a failure to provide any and all additional information requested within the time required, or my having concealed or misrepresented any material information requested in this Application or in the Declarations of Applicant section may cause an increase in the risk of loss for the insurer and may, depending upon the law of the State in which I am signing, result in a declination of my Application, an increase in premium, failure to pay my claim(s), cancellation, nonrenewal or rescission (voiding) of any policy that may be issued to me.

I have read the above Application for Insurance. I agree that the application accurately summarizes the insurance for which I have applied and agree to the terms and conditions of the insurance as described in the Application.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

**X**

Applicant's Signature (if applicant is a minor, parent or guardian must also sign)