

**Agency Auto Liability Only - Application**


<b>INSURANCE PLUS</b> Agent 2555 INWOOD RD #247 DALLAS ,TX, 75235 Phone 214-351-4097 Fax 214-351-6118		United Auto Insurance Services, Inc.							
		Dallas, Texas							
FOR OFFICE USE ONLY: CLIENT ID		POLICY# NEW App	Agent Code 800 - 8 - 81253						
1	Name of Applicant		Home Phone	Work Phone					
	Address		City	State	Zip				
	Garaging Address		City	State	Zip				
<b>COVERAGE REQUESTED EFFECTIVE: FROM: _____</b>									
<b>APPLICANT WARRANTS THERE ARE NO OTHER DRIVERS IN THE HOUSEHOLD, OTHER THAN THOSE LISTED BELOW</b>									
Any driver, whose driver's license under suspension or has no license, must be excluded by completing the 515A Exclusion form									
2	Show Name and Date of Birth for all Principal Drivers and Residents of Household 14. Non-operators should be excluded.	BIRTH DATE MM/ DD / YYYY	Class (Sex/ Marital)	SR22	Territory	Driver Point	DRIVER'S LICENSE NUMBER	State	OCCUPATION/EMPLOYER
	APPLICANT								
<b>DESCRIPTION OF AUTOMOBILE (S)</b>									
3	Auto	Year	Make and Model	Body Type	VIN	Symbol			
	1								
	2								
	3								
<b>LOSS PAYEE INFORMATION</b>									
4	Auto	Loss Payee	Address	City/ State / Zip					
	1								
	2								
	3								
<b>DESCRIPTION OF COVERAGE</b>									
<b>Required Coverages</b>		<b>LIMITS OF LIABILITY</b>			<b>AUTO 1</b>	<b>AUTO 2</b>	<b>AUTO 3</b>		
5	Liability Coverage	Bodily Injury Liability	\$ 25000	each person	✓	✓	✓		
		Property Damage Liability	\$ 50000	each accident	✓	✓	✓		
MEDICAL PAYMENTS COVERAGE			\$ 2500	each person					
PERSONAL INJURY PROTECTION			\$ 2500	each person					
5	UNINSURED /UNDERINSURED MOTORIST COVERAGE	BODILY INJURY LIABILITY	\$ 25000	each person					
		PROPERTY DAMAGE LIABILITY	\$ 50000	each accident					
COVERAGE FOR DAMAGE TO YOUR AUTO									
5	OTHER THAN COLLISION	ACV less Deductible			N/A	N/A	N/A		
		COLLISION			N/A	N/A	N/A		
TOWING			\$40 PER OCCURANCE						
RENATAL			\$20 PER DAY \$600 PER OCCURANCE						
Policy Fees and SR-22 fee are fully earned upon submission of this application to the Company.									
<b>Photos May Be Required for Vehicles with UM/PD or Comprehensive and/or Collision.</b>									
6	Comments: _____								
7	TOTAL DISCOUNTS	%	MULTI-CAR	%	TRANSFER	%	PAID IN FULL	%	
			HOMEOWNER	%	EFT	%	ND&P	%	

**UNINSURED/UNDERINSURED MOTORIST COVERAGE**

It is hereby understood and agreed that in accordance with the provision of Article 5.06-1, Texas Insurance Code, as amended. I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amount up to the automobile liability coverage limits I have on this policy, and I have also been given the right Uninsured/Underinsured Motorists Coverage and have made the following choice(s)

- I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety: or
- I hereby reject Uninsured/Underinsured Motorists Coverage as respect to property damage liability coverage in its entirety

The rejection(s) indicated above shall apply on this policy and on all future renewals issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.

Date \_\_\_\_\_ Signature of Applicant: 

**PERSONAL INJURY PROTECTION REJECTION – REJECTION MUST BE SIGNED IF NOT DESIRED**

I understand and hereby reject the Personal Injury Protection Coverage as provided for by Article 5.06-3 of the Texas Insurance Code. I understand that this rejection also applies to all future renewals of my automobile insurance policy. I also understand that I may have this coverage added to my policy at any future date.

Date \_\_\_\_\_ Signature of Applicant: 

**515 A. EXCLUSION OF NAMED DRIVER & PARTIAL REJECTION OF COVERAGES  
WARNING – READ THIS ENDORSEMENT CAREFULLY!**

This acknowledgement and rejection is applicable to all renewals issued by any affiliated insurer or us. However, we must provide a notice with each renewal as follows. "This policy contains a named driver exclusion."

I agree that none of the insurance coverage afforded by this policy shall apply while the following listed driver(s) (the excluded driver) is/are operating your covered auto or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorist Coverage and Personal Injury Protection Coverage while your covered auto or any other motor vehicle is operated by the excluded driver.

<u>Excluded Drivers Names</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Excluded Drivers Names</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Gender</u>

Date \_\_\_\_\_ Signature of Applicant: 

**NON-BUSINESS USE**

I hereby state that I **do not** use my Vehicle for any business purpose unless scheduled vehicle is Artisan rated for such use. No vehicles accepted for delivery or commercial use of any type. Should my vehicle be used for any business or delivery, I understand that there will be no coverage afforded under my current policy for any loss

Date \_\_\_\_\_ Signature of Applicant: 

**UNDERWRITING AND BINDING**

I agree that no coverage be bound unless I pay the one month developed premium plus policy fee with the application, and that coverage will be bound no earlier then the time the application is signed. I also agree that if my premium remittance is not honored but the Bank, no coverage will be bound or exist even if a policy has or has not been issued. I understand that driving records of all persons listed on this application may be checked. If the records for the rated drivers differ from the information provided, my premium will be adjusted and the term of the original coverage may be reduced. I will receive written notice showing the adjusted premium and a billing any increase.

I declare that no persons operate the automobile described in this application other than those listed as drivers and I understand that I will not be afforded covered or the policy voided if this application contains any false statement, omission or misrepresentation that would have otherwise altered the company's evaluation of this application.

The application is the only source of underwriting information except for Motor Vehicle Records. Careful completion of the application will insure rating and prompt delivery of your policy.

**PROXY AND POWER TO VOTE**

I hereby declare the foregoing statement to be true to the best of my knowledge and belief, in compliance with Public Law 91-508, this is to inform you that in Connection with your recent application for insurance policy or policy renewal (1) an "Investigative consumer report" may be made as to your insurability depending on the type of insurance involved, information as to character, general reputation, personal characteristics, mode of living, financial conditions, (2) that such information will be obtained through (but not limited to) personal interviews with friends, neighbors and associated and (3) upon written request, a complete and accurate disclosure of the nature and scope of the "investigative consumer report" will be provided. I hereby make application for insurance to the OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY. I hereby appoint the president of the Company, with full power of substitution to be my lawful attorney in fact, in my absence he is hereby authorized and empowered to vote for me at any membership meeting of the insurance Company, unless I give written notice otherwise. I agree to be governed by the provisions of Article 912 Texas Insurance code.

Date: \_\_\_\_\_ Signature of Applicant: 

Date: \_\_\_\_\_ Signature of Sales Agent: X \_\_\_\_\_ ID: \_\_\_\_\_ Agency: INSURANCE PLUS  
FOR OFFICE USE: CLIENT ID \_\_\_\_\_ POLICY #: \_\_\_\_\_ 800 - 8 - 81253

**OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE  
TEXAS PERSON AUTO POLICY FEATURES AND LIMITATION DISCLOSURE  
COVERED PERSON ENDORSEMENT**

The parties agree to the following amendment to the policy:

In Part A – Liability Coverage, Insuring Agreement B. “Covered person” is deleted and replaced by the following:

**PART A- LIABILITY COVERAGE**

**INSURING AGREEMENT**

“Covered person” as used in this Part means:

1. You, for the ownership, maintenance of use of any auto or **trailer**.
2. Any **family member** or **resident** of your household who is listed in the Declarations or added by endorsement during the policy term prior to loss and possessing a valid driver’s license for the ownership, maintenance or use of any auto or **trailer**.
3. A person who is not a **family member** or resident of your household but is using **your covered** auto with our express or implied permission.

As used in this Part, “**resident**” shall mean any person living in your household other than you or a family member.

**Explanation/Intent:**

This endorsement significantly amends the Insuring Agreement of Part A – Liability Coverage of the Texas Personal Auto Policy and specifically modifies the definition of “covered person”. The endorsement is intended to limit liability coverage to the named insured, their spouse, family members and other residents of the insureds household who hold a valid driver’s license and who have been appropriately identified in the Declarations, as well as persons operating the vehicle with the implied or express permission of the insured.

**Consumer Disclosure Language:**

**OACM.CP.013 Initial:**  \_\_\_\_\_

**Please Initial**

❖ **THERE IS NO LIABILITY COVERAGE PROVIDED IF AN UNLICENSED FAMILY MEMBER AND/OR UNLISTED FAMILY MEMBER OR RESIDENT IS OPERATING THE AUTO.**

- Liability coverage is only provided for you, your family members and other residents of your household who are licensed on the Declarations Page or other people using your covered auto with your express or implied permission.

**Please read your policy thoroughly.**

The policy changes and limitations referenced here have been fully explained to me by \_\_\_\_\_ **INSURANCE PLUS**  
**(Agent)**

 \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT’S SIGNATURE-MUST BE SIGNED**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AGENT SIGNATURE-MUST BE SIGNED**

**Insured must be given a copy of this form as part of the policy**

## Payment Options

- Bill My Credit / Debit Card**       **Print and Mail with Check or other**

Card Type

Card No.

Exp. Date:  **enter as MM / YY**

Billing ZIP

Pay Amount