Frankenmuth INSURANCE

PERSONAL AUTOMOBILE APPLICATION

PRODUCER INFORMATION

Agency Name:
Agency Number:
Agency Contact: **Agency Contact E-mail Address:**

APPLICANT INFORMATION

Applicant Name: **Social Security #:**
Date Of Birth:
Marital Status:
Occupation:
Employer:

Mailing Address:
City/State/Zip: **Home Phone:**
Applicant requests e-Delivery:
E-mail Address:

MAILING NAME AND ADDRESS

Mailing Name and Address:

BILLING INFORMATION

Billing Type: **Renewal Billing Type:**
Payment Frequency: **Renewal Payment Frequency:**
No Should this policy be added to an existing billing account

DOWN PAYMENT INFORMATION

Payment Method: **Down Payment Amount:**

POLICY INFORMATION

Policy Number: **Effective Date:**
Risk State: **Expiration Date:**
Total Premium: **Term:**
Issuing Company:
Agent Submission Date:
Submission Date:

POLICY PREMIUM ADJUSTMENTS

Group Discount:
Multiple Policy Discount - Home:
Multiple Policy Discount - Life:

PRIOR COVERAGE

Previous Carrier:

Prior Policy #:

Prior Expiration Date:

LOCATION

Location Address:

City/State:

County:

Rating Zip Code:

City/Township:

VEHICLE DESCRIPTION

Veh #	Year	Make/ Model	VIN	Vehicle Type	Trailer Type

Veh #	Vehicle Use	Symbol	Vehicle Age	Cost New/ Value	Agreed Value

Veh #	Anti-Lock Brakes	Anti-Theft Device	Vehicle Customized

Veh #	Driver Name	Reg to Applicant	Class Code	Vehicle Financing

VEHICLE PREMIUM ADJUSTMENTS

Veh #	Passive Restraint Discount	Electronic Stability Control	Loss History

Multiple Vehicle

Veh # **Discount**

GARAGE LOCATIONS

No Entry Provided

COVERAGES/PREMIUMS

Coverage	Limit/Deductible	Veh 1 Premium	Veh 2 Premium	Veh 3 Premium	Veh 4 Premium
Bodily Injury Liability	250,000/500,000				
Property Damage Liability	50,000				
Medical Payments	5,000				
Uninsured/Underinsured Motorist-BI (Split)	25,000/50,000				
Uninsured Motorists Property Damage	7,500				
Other Than Collision	500				
Standard Collision	250				
Auto Rental Reimbursement	20/600				

Total Vehicle Premium:

DRIVER INFORMATION

All household members of driving age must be listed.

Driver	**Name**	**Gender**	**Marital Status**	**Relation to Insured**	**Date of Birth**
Driver	**License State**	**License Number**	**Rated Driver**	**Principal Operator**	**Occasional Operator**
Driver	**SSN**	**Student Away at School**	**Occupation**	**Employer**	
Driver	**Accident Prevention Course Discount**	**Accident Prevention Course Date**			

VIOLATIONS WITHIN THE LAST 5 YEARS

No Entry Provided

LOSS HISTORY WITHIN THE LAST 5 YEARS

No losses over the company threshold for 3 consecutive years

No Entry Provided

ADDITIONAL INTEREST

No Entry Provided

GENERAL INFORMATION

No 1.	Any existing damage to vehicle? (include damaged glass)
No 2.	Other than spouse, does any other household member carry auto insurance or have coverage provided to them?
No 3.	Has agent inspected vehicle?
No 4.	Any other insurance with this company?
No 5.	Do any listed drivers use or drive any of the vehicles in connection with a ride-sharing network for the purpose of providing transportation for a fee or compensation?
No 6.	Are any of the vehicles shared in connection with a vehicle sharing network for the purpose of providing transportation for a fee or compensation?
No 7.	Does any vehicle have a salvage title?
No 8.	Does any vehicle have a rebuilt title?
No 9.	Does any vehicle have an assembled title?

Questions Disclaimer:

Yes	I understand some or all responses to the above questions have been pre-filled for agency convenience. I verify all the above questions were reviewed and discussed with the applicant and marked appropriately. I have made corrections to pre-filled answers where needed.
Yes	Has a Proxy Clause been signed and retained in the agency file?

Binder/Signature

INSURANCE BINDER	
EFFECTIVE DATE	**EXPIRATION DATE**
TIME	**TIME**

If the above "Binder" box has been completed, the following conditions apply:

Premiums are subject to change based on company issuance of the policy.

This company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, 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.

In making this application for insurance, it is understood that as a part of our underwriting procedure, an investigative consumer report containing driving record information may be obtained for each driver in the household.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a

false or deceptive statement is guilty of insurance fraud.

I understand and acknowledge that Uninsured/Underinsured Motorist Bodily Injury (UMBI) coverage has been explained to me and that I have been offered the options of selecting UMBI limits equal to my liability limits, UMBI limits lower than my liability limits, or rejecting UMBI coverage entirely. I have also been offered Uninsured Motorists Property Damage (UMPD) coverage.

Select one of the following options:

___ I have selected the limits shown on this application; or
___ I have rejected UMBI in its entirety.
___ I have rejected UMPD in its entirety.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Important Notice Regarding the Fair Credit Reporting Act: In addition to this application, personal information about you, from a consumer report (such as, but not limited to a credit report, motor vehicle report or claims loss history report) may be collected from persons other than you in connection with this application and subsequent 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. A copy of the Privacy Notice will be issued with the policy. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of our practices regarding such information is available upon request. Contact your Agent for instruction on how to submit a request to us.

WARNING: Misrepresentation may void coverages.

Applicant's Statement: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true and can be relied upon by the Company for the purpose of issuing the insurance I have requested and any future renewals. I understand that the coverage selections and limit choices indicated on this application will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

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.

All statements by the insured in this application must be truthful, accurate and are deemed to be material warranties upon which the insurer may reasonably rely as inducement for the issuance of the policy. This application is expressly incorporated by reference in any policy issued by the insurer to the applicant.

Application Signature

Applicant's Signature	Date	Producer's Signature

Frankenmuth INSURANCE

PRODUCER INFORMATION

Agency Name:

Agency Number:

APPLICANT INFORMATION

Applicant(s) Name:

Policy Number:

PROXY CLAUSE

I hereby appoint the Proxy Committee of Frankenmuth Mutual Insurance Company as my duly authorized agent and proxy, with full power of substitution, to represent me and vote on my behalf on any questions, including the election of directors, raised at any and all regular or special policyholders meetings that I fail to attend during the effective period of this proxy. This proxy is perpetual in duration and shall be immediately effective after the date of my signature below, unless I revoke this proxy by signing a written revocation or a subsequently dated proxy. This proxy does not prevent me from voting in person at any policyholders meeting.

Signature of Applicant and/or Co-Applicant **Date**