

VEHICLE(S) Please provide complete information											
VEH #	YEAR	MAKE	MODEL / BODY STYLE	COMPLETE VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE	VEH. VALUE / SYMBOL	PURCHASE DATE	ANNUAL MILEAGE	CURRENT ODOMETER	BUS. USE (Yes / No)	SALVAGE (Yes / No)
1											
2											
3											
4											

GARAGING LOCATION Please indicate garaging location(s) for each vehicle listed if different from applicant address.	
VEH #	GARAGING ADDRESS (STREET / CITY / STATE / ZIP)

SPECIAL EQUIPMENT Coverage for special equipment is available for an additional premium. LIST SPECIAL EQUIPMENT HERE. Maximum amount of special equipment is \$2,000 aggregate limit. (See Underwriting Manual for a list of acceptable special equipment)		
VEH #	SPECIAL EQUIPMENT	COST

POLICY INTEREST(S)	
VEH #	ADDITIONAL INSURED (AI) AND/OR LOSS PAYEE (LP) NAME & ADDRESS
	<input type="checkbox"/> AI <input type="checkbox"/> AI
	<input type="checkbox"/> LP <input type="checkbox"/> LP
	<input type="checkbox"/> AI <input type="checkbox"/> AI
	<input type="checkbox"/> LP <input type="checkbox"/> LP
	<input type="checkbox"/> AI <input type="checkbox"/> AI
	<input type="checkbox"/> LP <input type="checkbox"/> LP

COVERAGES AND LIMITS OF LIABILITY Select Coverages, Limits (check box) and indicate Premiums for each vehicle listed					
COVERAGES	LIMITS	PREMIUMS			
		VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
BODILY INJURY & PROPERTY DAMAGE LIABILITY <small>(ALL VEHICLES MUST HAVE SAME LIMITS. SEE GUIDELINES FOR ACCEPTABLE RULES)</small>	<input type="checkbox"/> \$ 15,000 / 30,000 / 5,000 <input type="checkbox"/> \$ 15,000 / 30,000 / 10,000 <input type="checkbox"/> \$ 30,000 / 60,000 / 15,000 <input type="checkbox"/> \$ 100,000 / 300,000 / 50,000				
MEDICAL PAYMENTS <small>(ALL VEHICLES MUST HAVE SAME LIMITS)</small>	<input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 1,000				
UNINSURED MOTORISTS / UNDERINSURED MOTORISTS BI <small>(ALL VEHICLES MUST HAVE SAME LIMITS)</small>	<input type="checkbox"/> \$ 15,000 / 30,000 <input type="checkbox"/> \$ 30,000 / 60,000				
UNINSURED MOTORISTS PD / CDW	<input type="checkbox"/> YES (UMBI COVERAGE MUST BE SELECTED)				
COMPREHENSIVE & COLLISION <small>Limited to Actual Cash Value Less Deductible of:</small>	<input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 1,000				
ADDITIONAL TOWING & CAR RENTAL <small>(COVERAGE MUST APPLY TO ALL VEHICLES WITH COMPREHENSIVE & COLLISION COVERAGE) COVERAGE NOT APPLICABLE ON MEDALLION</small>	<input type="checkbox"/> YES (COVERAGE LIMIT PER ENDORSEMENT) NOT APPLICABLE ON MEDALLION				
ROAD AMERICA MEMBERSHIP INCL <small>(\$72 ANNUALLY / \$36 SEMI-ANNUALLY) COVERAGE INCLUDED ON MEDALLION ONLY</small>	REFER TO SEPARATE ROAD AMERICA MEMBERSHIP CONTRACT FEE DISTRIBUTED IN MONTHLY INSTALLMENTS APPLICABLE ON MEDALLION ONLY	N/A	N/A	N/A	N/A
SPECIAL EQUIPMENT	<input type="checkbox"/> YES (MAXIMUM AGGREGATE LIMIT \$2,000)				
TOTAL VEHICLE PREMIUM (PREMIUMS REFLECT APPLICABLE DISCOUNTS)		\$	\$	\$	\$

DISCOUNTS: Check Box(es) if Discount(s) Applies <input type="checkbox"/> Preferred Provider Organization Discount <input type="checkbox"/> Multi-Car Discount <input type="checkbox"/> Mature Driver Course Discount <input type="checkbox"/> Good Driver Discount <input type="checkbox"/> Citation Free Discount <input type="checkbox"/> Renewal Discount (WGI Auto Insurance Only)	PREMIUM SUB-TOTAL	\$
	POLICY FEE (Fully Earned)	\$
	SR FILING FEE (\$15 Each Filing)	\$
	TOTAL POLICY PREMIUM	\$

Total Policy Premium may be paid in full or via monthly installments which are subject to a Servicing Fee of \$15.00 per month. (\$9.00 per month for Automatic Credit Card or Check Debit / \$5.00 per month for Medallion Automatic Credit Card or Check Debit).

PAYMENT PLAN OPTIONS: Please select one (check box) from available payment plans below. Indicate payment amount plus applicable fee(s) here >			\$
6 - MO TERM: <input type="checkbox"/> Full Pay <input type="checkbox"/> 14.8% Down + 5 Installments <input type="checkbox"/> 14.8% Down + 5 Installments 14-day Due Date (EFT only)	<input type="checkbox"/> 17% Down + 4 Installments <input type="checkbox"/> 13% Down + 4 Installments 12-day Due Date (Medallion EFT only)	12 - MO TERM: <input type="checkbox"/> Full Pay <input type="checkbox"/> 7.4% Down + 11 Installments <input type="checkbox"/> 7.4% Down + 11 Installments 14-day Due Date (EFT only)	<input type="checkbox"/> 8.5% Down + 10 Installments <input type="checkbox"/> 6.5% Down + 10 Installments 12-day Due Date (Medallion EFT only)
			<input type="checkbox"/> EFT <small>If EFT is checked, insured must complete and submit the Authorization for Direct Debit of Payments along with the application.</small>

TO BE COMPLETED BY THE APPLICANT (Explain any "YES" answer in Remarks section below)

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is any driver unlicensed or does any driver have an expired or revoked driver's license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does any driver have a suspended driver's license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. If the question above was answered "yes," will an SR22 reinstate driver's license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does any driver have a limited or restricted driver's license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has any driver ever been convicted for driving under the influence of alcohol or drugs, driving while drinking, open bottle, possession of alcohol, drunk in auto, hit and run, reckless driving or refusal to submit to intoximeter test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has any driver ever been convicted of any felony? (if yes, do not submit unless driver qualifies for California Good Driver Discount) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are there any motor vehicles owned or leased by applicant, spouse and residents, that are not being submitted on this application? (if yes, describe each in remarks section below) These vehicles are not covered in this policy. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are any listed vehicles used for delivery purposes, such as pizza or newspaper delivery or for any other commercial or artisan use? (if yes, do not submit, risk is unacceptable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does any vehicle have existing damage? (If yes, please describe damage and location of damage on vehicle in the remarks section below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Has any vehicle been salvaged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Has any vehicle been rebuilt, modified, or altered? (if yes, do not submit unless driver qualifies for California Good Driver Discount) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Has any vehicle been lowered or raised? (if yes, do not submit unless driver qualifies for California Good Driver Discount) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Is there any other insurance policy in effect on the vehicles listed on page 2 of this application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are any listed vehicles used for business related purpose? (if yes, please explain in remarks section below - Business Use surcharge will apply) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Are any listed vehicles grey market? (if yes, do not submit unless driver qualifies for California Good Driver Discount) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REMARKS (attach additional pages if necessary)

Ref. #	
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ARTISAN/BUSINESS/COMMERCIAL USE EXCLUSION FORM (ABC Form)

In consideration of the premium charged for the Policy, or any renewal thereof, it is hereby agreed that there shall be no coverage in the event the insured vehicle(s) is used by the insured for Artisan/Business/Commercial activities. I hereby certify under penalty of perjury under the laws of the State of California that I will not operate any insured vehicle, as listed in the Application or as defined in the Policy, while conducting any business or occupation. I acknowledge that because such use has not been declared and no extra premium has been paid for business use coverage, no coverage is provided for claims or losses occurring while the vehicle is used for Artisan/Business/Commercial activities. It is further understood that coverage shall not accrue to the benefit of any insured or any other party including, but not limited to a third party claimant(s) in the event that an accident occurs while I am operating the insured vehicle while conducting any business or occupation. This exclusion shall not apply to an insured vehicle which meets company's underwriting guidelines for business use only, providing the insured has declared such use and paid the applicable additional premium.

X _____ Date _____
 Applicant Signature (Named Insured)

WAIVER OF UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE

"The California Insurance Code requires insurers to offer coverage for damage to the Insured Motor Vehicle to the extent that you are legally entitled to recover from the owner or operator of the Uninsured Motor Vehicle, caused by an Uninsured Motor Vehicle, that either:
 (1) pays the Collision Deductible on the Insured Motor Vehicle when you have purchased Collision Coverage or
 (2) pays for the damage to the Insured Motor Vehicle when you have not purchased Collision Coverage and which shall not exceed the Actual Cash Value of the Insured Motor Vehicle or \$3,500, whichever is less."

I HEREBY AGREE TO REJECT UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE - This rejection shall be binding upon every Insured to whom the policy applies while the policy is in force and shall continue to be so binding, with respect to any continuation or renewal of the policy, or with respect to any other policy which extends, changes, supersedes or replaces the policy issued to the Named Insured by the same insurer or with respect to reinstatement of the policy within 30 days of any lapse thereof.

I HAVE READ AND UNDERSTAND THE FOREGOING WAIVER AND AFFIX MY SIGNATURE HERETO WITH FULL KNOWLEDGE THAT I AM WAIVING PROTECTION UNDER UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE.

X _____ Date _____
 Applicant Signature (Named Insured)

WAIVER OF UNINSURED MOTORIST BODILY INJURY AND PROPERTY DAMAGE COVERAGE

WAIVER OF UMBI: "The California Insurance Code requires an insurer to provide Uninsured Motorists Coverage in each Bodily Injury Liability Insurance Policy it issues covering Liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured Motorists Coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for Bodily Injury, including any resulting sickness, disease, or death, to the Insured from the owner or operator of an Uninsured Motor Vehicle not owned or operated by the Insured or a resident of the same household. An Uninsured Motor Vehicle includes an Underinsured Motor Vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code."

WAIVER OF UMPD: "The California Insurance Code requires insurers to offer coverage for damage to the Insured Motor Vehicle to the extent that you are legally entitled to recover from the owner or operator of the Uninsured Motor Vehicle, caused by an Uninsured Motor Vehicle, that either:
 (1) pays the Collision Deductible on the Insured Motor Vehicle when you have purchased Collision Coverage or
 (2) pays for the damage to the Insured Motor Vehicle when you have not purchased Collision Coverage and which shall not exceed the Actual Cash Value of the Insured Motor Vehicle or \$3,500, whichever is less."

I HEREBY AGREE TO REJECT UNINSURED MOTORIST BODILY INJURY AND PROPERTY DAMAGE COVERAGE - This rejection shall be binding upon every Insured to whom the policy applies while the policy is in force and shall continue to be so binding, with respect to any continuation or renewal of the policy, or with respect to any other policy which extends, changes, supersedes or replaces the policy issued to the Named Insured by the same insurer or with respect to reinstatement of the policy within 30 days of any lapse thereof.

I HAVE READ AND UNDERSTAND THE FOREGOING WAIVER AND AFFIX MY SIGNATURE HERETO WITH FULL KNOWLEDGE THAT I AM WAIVING PROTECTION UNDER UNINSURED MOTORIST BODILY INJURY AND PROPERTY DAMAGE COVERAGE.

X _____ Date _____
 Applicant Signature (Named Insured)

AGREEMENT REDUCING UNINSURED MOTORIST BODILY INJURY COVERAGE

"The California Insurance Code requires an insurer to provide Uninsured Motorists Coverage in each Bodily Injury Liability Insurance Policy it issues covering Liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured Motorists Coverage insures the Insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for Bodily Injury, including any resulting sickness, disease, or death, to the Insured from the owner or operator of an Uninsured Motor Vehicle not owned or operated by the Insured or a resident of the same household. An Uninsured Motor Vehicle includes an Underinsured Motor Vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code."

The California Insurance Code states that you may purchase Uninsured Motorist Bodily Injury (UMBI) Coverage with Limits of Liability lower than the Bodily Injury Limits afforded. I want UMBI in the following limit for this policy and all subsequent renewals, which I understand is a limit lower than my BI Limit. **I have read the above, and agree to the reduced Uninsured Motorist Bodily Injury Limits of \$15,000 / \$30,000.**

Accepted: X _____
Applicant Signature (Named Insured) Date

DESIGNATED DRIVER EXCLUSION

All household members over 14 years old must be listed as a driver or excluded from this policy. We shall not be liable to any person for any damages, losses or claims arising out of the excluded driver's operation or use of an Insured Motor Vehicle, whether or not such operation or use was with the express or implied permission of a person under this policy. This exclusion shall continue to be binding with respect to any continuation or renewal of the policy.

- 1) Full Name: _____ Gender _____ D.O.B. _____ Rel. to Applicant: _____
- 2) Full Name: _____ Gender _____ D.O.B. _____ Rel. to Applicant: _____
- 3) Full Name: _____ Gender _____ D.O.B. _____ Rel. to Applicant: _____

WARNING: BY SIGNING HERE, YOU ARE AGREEING THAT THERE WILL BE NO INSURANCE COVERAGE WHEN THE VEHICLE(S) IS BEING DRIVEN BY THE PERSON(S) LISTED ABOVE. DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.

X _____
Applicant Signature (Named Insured) Date

PREFERRED PROVIDER ORGANIZATION (PPO) ACKNOWLEDGEMENT

This provision restricts coverage benefits. An insured has a choice as to where their vehicle is repaired after a covered loss, but that choice does affect the amount the insured will be required to pay for the repairs. If the insured chooses a PPO facility for the repairs, the insured would be responsible for the deductible listed on their policy. If the insured chooses a facility other than a PPO, the insured would be required to pay 20% of the total cost of the repairs, and the full amount of the applicable deductible.

X _____
Applicant Signature (Named Insured) Date

Thank you for your application. It is the major source of information about you which we will use in evaluating the acceptability of your application. However, in some circumstances, we may collect information about you from third parties (such as other persons proposed for coverage under your policy or the Department of Motor Vehicles concerning your driving record). In certain situations we may disclose some of this information about you to third parties. For example, in order to conduct our business we must exchange some information about you with our agents and adjusters, and with other insurance companies that may reinsure your policy or with whom you have or have had other insurance policies. You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate. If you wish to have a more detailed description of our information practices, please call or write us at the address on the front of the application.

I declare under penalty of perjury that the facts stated herein are true and request the company to issue the insurance and any renewals thereof in reliance thereon. Further, this application shall be incorporated into and made a part of the policy, if issued. My representations are deemed to be material and any material misrepresentation shall result in cancellation of my policy, if issued. I hereby warrant that I have read this application and that all information was filled in before I signed it. I agree that the policy, if issued, may be subject to adjustments in the premium due, the policy period requested, or the amount of deductible as a result of my driving record or other underwriting factors. I also fully understand and agree that if any remittance by me, or on my behalf, is not honored by the Bank upon presentation, coverage will be rescinded, and no coverage or consideration will be afforded under this application and any subsequent binder, policy, or renewal.

I further understand that if the application meets company underwriting guidelines and is accepted by company, then coverage will commence as follows: a) If sent via U.S. Mail, the application and premium must be mailed and postmarked no later than 72 hours from the effective date of coverage listed on the application. Otherwise, coverage will commence no sooner than the day after the postmark date on the envelope containing the application. b) If sent via Courier Service, Express or Overnight Mail, the application and premium must be received by the company no later than three (3) business days from the effective date listed on the application. Otherwise, coverage will commence no sooner than the date company receives the application. I understand that when any changes to my policy generate an additional premium due, I must submit to my Broker the minimum premium due. Any endorsement requests submitted without the minimum premium due shall be rejected and the change requested shall not be effected.

The Producer submitting this application is acting as an Insurance Broker.

X _____
Applicant Signature (If applicant is under 18 years of age, a parent or legal guardian must sign) Date Time _____
 AM
 PM

PRODUCER'S COMMENTS: _____

PRODUCER WARRANTS AND DECLARES that all the coverages on this application have been explained to the applicant and have been offered to the applicant and that this application accurately represents the coverages selected by the applicant.

X _____
Producer Signature Date Time _____
 AM
 PM

COMMUNITY SERVICE STATEMENT
WESTERN GENERAL INSURANCE CO.

Policy Number: _____

This information is requested by the State of California in order to monitor the insurer's compliance with the law. All new policyholders are requested to voluntarily provide the following information.

No such information shall be used for purposes of underwriting or rating any policyholder.

Policyholder's Name and Address: (to be provided in order to refer back to the policy)

Check here if policyholder does not wish to provide this information.

Check the Race or National Origin below as it applies to the policyholder(s). For the purpose of completing this form, the policyholder is defined as: an individual, spouse, domestic partner, or business partner(s) named on the policy.

- 1. African-American
- 2. American Indian or Alaskan Native
- 3. Asian/Pacific Islander
- 4. Latino
- 5. White
- 6. Other