

|   |                    |  |               |
|---|--------------------|--|---------------|
| <u>AssuranceAmerica</u>   |                    | POLICY NUMBER  |               |
| <b>AssuranceAmerica Insurance Company</b><br>P.O.Box 723128, Atlanta, GA 31139-0128<br><b>ARIZONA</b>       |                    | Policy Term  | To Time       |
|   |                    | Payment Terms: <input type="checkbox"/> Direct Bill <input type="checkbox"/> Paid in Full <input type="checkbox"/> EFT |               |
|   |                    | Downpayment: (payable to AssuranceAmerica)   |               |
| Applicant Information <input type="checkbox"/> REGISTERED OWNER<br><input type="checkbox"/> NAMED NON-OWNER | Agency Information |  | Agency Code   |
| Garaging Address (if different from mailing address)  |                    | Additional Interest  |               |
| Employer Information  | Phone Number       |  | Prior Carrier |
|   |                    | Policy Number  |               |
| <b>ATTACH PROOF OF INSURANCE</b>  |                    | Termination:   |               |

| COVERAGE                            |                     |      |       |       |       |       |
|-------------------------------------|---------------------|------|-------|-------|-------|-------|
| Coverages                           | Limits of Liability |      | Veh 1 | Veh 2 | Veh 3 | Veh 4 |
| Bodily Injury Liability             |                     |      |       |       |       |       |
| Property Damage Liability           |                     |      |       |       |       |       |
| Medical Payments Liability          |                     |      |       |       |       |       |
| Uninsured Motorists -               |                     |      |       |       |       |       |
| Underinsured Motorists -            |                     |      |       |       |       |       |
| Comprehensive                       | V1 -                | V2 - |       |       |       |       |
|                                     | V3 -                | V4 - |       |       |       |       |
| Collision                           | V1 -                | V2 - |       |       |       |       |
|                                     | V3 -                | V4 - |       |       |       |       |
| Special Equipment                   |                     |      |       |       |       |       |
| Loss of Use                         |                     |      |       |       |       |       |
| Accidental Death &<br>Dismemberment |                     |      |       |       |       |       |
| Vehicle Totals                      |                     |      |       |       |       |       |

| LIENHOLDER INFORMATION |      |         |            |     |        |
|------------------------|------|---------|------------|-----|--------|
| Car                    | Name | Address | City/State | Zip | Leased |
| 1                      |      |         |            |     |        |
| 2                      |      |         |            |     |        |
| 3                      |      |         |            |     |        |
| 4                      |      |         |            |     |        |

| VEHICLE INFORMATION |      |              |           |                               |        |      |           |     |
|---------------------|------|--------------|-----------|-------------------------------|--------|------|-----------|-----|
| Car                 | Year | Make & Model | Body Type | Vehicle Identification Number | Symbol | MSRP | Surcharge | 4WD |
| 1                   |      |              |           |                               |        |      |           |     |
| 2                   |      |              |           |                               |        |      |           |     |
| 3                   |      |              |           |                               |        |      |           |     |
| 4                   |      |              |           |                               |        |      |           |     |

| HOUSEHOLD/DRIVER INFORMATION (Must list all legal residents age 15 or older OR anyone having regular use of an insured vehicle) |           |     |                |                     |                     |                        |       |                     |            |
|---|-----------|-----|----------------|---------------------|---------------------|------------------------|-------|---------------------|------------|
| Driver  | Full Name | Sex | Marital Status | Birth Date mm/dd/yy | Date First Licensed | Drivers License Number | State | Relation to Insured | Occupation |
| 1   |           |     |                |                     |                     |                        |       |                     |            |
| 2   |           |     |                |                     |                     |                        |       |                     |            |
| 3   |           |     |                |                     |                     |                        |       |                     |            |
| 4   |           |     |                |                     |                     |                        |       |                     |            |



**NAMED DRIVER EXCLUSION ENDORSMENT E-11**

In consideration for the Company agreeing to provide coverage for the amount shown on the Declaration Page, no coverage excluding Uninsured Motorist (UMB) and Underinsured Motorists (UIM) is afforded by this policy, nor any continuation, renewal or replacement of the policy by you and we shall not be liable for losses, damages or liability caused when your insured car is being driven by, operated by, or under the control of the following named persons:

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

I, as Named Insured, hereby exclude the persons listed above. I understand that no coverage excluding UMB or UIM available under this policy will be applicable in the event an excluded person is driving, operating or otherwise in control of any vehicle insured under this policy. I understand that no claims other than those for UMB or UIM will be paid for any of these excluded drivers under this policy. I agree to exclude coverage to the named insured for any negligence which may be imputed by law to the named insured arising out of the maintenance, operation or use of a motor vehicle by the excluded person. Provisions signed by you and set forth in this Endorsement supersede and exclude from the policy any contrary provisions.

**UNDERSTOOD AND AGREED:**

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Required signature of Named Insured

AZ07 (2007.11)

**NOTICE:** As part of this application of insurance, it is understood that personal information may be collected from persons other than the named insured or listed individuals on this application. Information collected for this application of insurance as well as other personal or privileged information subsequently collected by the company or agent may in certain circumstances be disclosed to third parties without authorization. You have the right of access and correction with respect to all personal information requested. You have the right to make a written request, to the address provided on this application for a complete and accurate disclosure of the information obtained.

APPLICANT STATEMENT I hereby apply to ASSURANCEAMERICA INSURANCE COMPANY for a policy of insurance. I understand that the information provided by me, as attested by my signatures on this application, is material to the Company's agreement to issue a policy of automobile insurance, and that if information given to the Company in this application, or any subsequent requests for coverage, is false, misleading or materially affects the conditions under which this policy was issued, the policy will be subject to cancellation. Having had all coverages and options explained to me, I hereby accept, by witness of my signature below, all coverages and conditions noted in this application or substitute vehicles or operators covered by this policy.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Required signature of Named Insured

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

**AGENT STATEMENT AND VERIFICATION OF INSPECTION**

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND THAT STATEMENTS ARE THOSE OF THE APPLICANT WHO HAS SIGNED THIS APPLICATION IN MY PRESENCE. I HAVE EXPLAINED ALL COVERAGE AND OPTIONS AND HAVE GIVEN THE APPLICANT A DUPLICATE OF THIS APPLICATION. I AM LEGALLY AUTHORIZED TO SUBMIT **THIS APPLICATION** ON BEHALF OF THE APPLICANT TO THE COMPANY.

- I HAVE **INSPECTED**  I HAVE **NOT INSPECTED** all vehicles insured for physical damage under this application.
- I HAVE **GIVEN** THE INSURED A COPY OF THE POLICY.

AGENT SIGNATURE \_\_\_\_\_ LIC # \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  AM  PM