

Automobile Excess Liability Application

Last	First	Middle	Producer _____		
Name			Producer Code _____		
Number & Street		City	State	Zip	
Address			Office Address _____		
Garaging Address (if different)			City _____		
From:	To:	Renews Policy Number			
Policy Period	/	/20	/	/20	Telephone () _____

PRIMARY INSURANCE - Policy Term: Annual Semi-Annual Quarterly Monthly Admitted Non-Admitted A.M. Best Rating _____

Company Name _____ Policy Number _____ Effective Date _____

Policy will not be issued without this information. If assigned to California Assigned Risk Program, please indicate. Furnish Company and Policy Number when available.

VEHICLE INFORMATION

	YEAR	MAKE & MODEL	VEHICLE ID#	ANNUAL MILES DRIVEN	COUNTY OF GARAGING	POINTS CHARGED	GOOD DRIVER DISCOUNT
1.							<input type="checkbox"/> YES <input type="checkbox"/> NO
2.							<input type="checkbox"/> YES <input type="checkbox"/> NO
3.							<input type="checkbox"/> YES <input type="checkbox"/> NO

COVERAGE		Underlying Limits	Excess Limits Required	Total Limits	Car #1	Car #2	Car #3
A.	BODILY INJURY EACH PERSON: EACH OCCURRENCE:	\$	\$	\$	\$	\$	\$
B.	PROPERTY DAMAGE EACH OCCURRENCE:	\$	\$	\$			
C.	COMBINED SINGLE LIMIT EACH OCCURRENCE:	\$	\$	\$			
D.	OTHER	\$	\$	\$	\$	\$	\$

NAME & ADDRESS OF ADDITIONAL INSURED		Total Premiums For All Cars	\$
1.		Fully Earned Policy Fee	\$
2.		Taxes/CIGA (if any)	\$
3.		Total Policy Premium	\$

DRIVER INFORMATION

	Name of Driver	DOB	Sex	Marital Status	Driver License No.	Drives Car No.?	Impaired?	Business Use	Years Exper.	* Accidents	3 yrs.	Minor Convictions	3 Yrs.	Major Convictions	5 Yrs.
1.							Y N	Y N							
2.							Y N	Y N							
3.							Y N	Y N							

*If proof not submitted with application, accident will be considered chargeable (submit copy of police report and/or proof from insurance carrier).

	Occupation	Employer	Type of Business
1.			
2.			
3.			

List other members of household & birthdates

Names of Drivers excluded under Primary. _____ Names of Drives to be excluded under Excess (Spouses cannot be excluded). _____

Comments:

Notice to Applicant: In compliance with Public Law 91-508, this notice is to inform you that in connection with your application for insurance (1) an investigation may be made as to your insurability, including, information as to character, general reputation, personal characteristics and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made within a reasonable time after your receive this notice.

I have read the foregoing and agree that it is true and complete to the best of knowledge and that this policy, if used, and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant's Signature X _____ **Time:** _____ **Date:** _____

Agent/Broker's Signature X _____ **Date:** _____