

APPLICATION FOR PRIVATE PASSENGER AUTOMOBILE LIABILITY INSURANCE – TEXAS AUTOMOBILE INSURANCE PLAN ASSOCIATION

P.O. Box 149144, Austin, Texas 78714-9144 • 1120 S. Capital of Texas Hwy., CityView Bldg. 3, Ste. 105, Austin, Texas 78746-6464

(512) 444-4441 Toll Free: (866) 321-9154

APPLICATION MUST BE COMPLETED AND SUBMITTED IN DUPLICATE

| | | | | | | | | | | | | | | | |
|---|---|--|--|--|----------------------|---------------------------|---|--|---|--|---|---------------------|------------------|------|--|
| 1. PRODUCER | | | | | TDI ID / License No. | Co. Use Only – Policy No. | | | | | | | | | |
| 2. APPLICANT | Last First Middle | | | Mailing Address Apt. No. | | | | | | | | | | | |
| | City | | | State | Zip Code | | County of Residence | | Telephone (Incl. Area Code) () | | | | | | |
| | Residence Address (If different from Mailing Address) Apt. No. | | | | City | | State | Zip Code | Is applicant a resident of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 3. OPERATOR INFORMATION | COMPLETE FOR ALL OPERATORS AND RESIDENTS | | | | | | | | | | | | | | |
| | Applicant And Other Residents 14 Years of Age and Over | | Relationship To Applicant | Principal Operator | Veh. No. | Birth Date Mo. Day Yr. | Sex M - F | M/S* | Driver's License No. or Permit Number If Not Licensed, Explain Why In Space Below | | State | Employer/Occupation | | | |
| | APPLICANT | | APPLICANT | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| | | | SPOUSE | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| *M/S – Marital Status S – Single M – Married W – Widowed D – Divorced | | | | | | | REASON NOT LICENSED | | | | | | | | |
| 4. OWNED VEHICLE | Veh. 1 | Year | Make | Model Name / Body Type / CC for Motorcycle | | Rate Class | Veh. 2 | Year | Make | Model Name / Body Type / CC for Motorcycle | | Rate Class | | | |
| | Vehicle Identification Number | | | | | | Vehicle Identification Number | | | | | | | | |
| | Use – Veh. 1 | <input type="checkbox"/> Business <input type="checkbox"/> Farm | Miles to Work/School | | Est. Annual Mileage | | Use – Veh. 2 | <input type="checkbox"/> Business <input type="checkbox"/> Farm | Miles to Work/School | | Est. Annual Mileage | | | | |
| | | <input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School | One Way _____ | | | | | <input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School | One Way _____ | | | | | | |
| | Garaging County Name if not County of Residence | | | Garaging Zip if not Garaged in County of Residence | | | Garaging County Name if not County of Residence | | | Garaging Zip if not Garaged in County of Residence | | | | | |
| Territory | State Reg. In | Vehicle Registered To | | License Plate # | Territory | State Reg. In | Vehicle Registered To | | License Plate # | | | | | | |
| 5. NON OWNER POLICY | A. Are there any autos in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", does the owner of the auto(s) have insurance on the auto(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| | If "YES", what is the insurance company(ies) name and policy number(s)? _____ | | | | | | | | | | | | | | |
| | If "YES", are you or your spouse an excluded driver under the owner's insurance policy on the auto(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| | B. Are you furnished any autos for regular use? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", does the owner of the regularly furnished auto(s) have insurance on the auto(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| If "YES", what is the insurance company(ies) name and policy number(s)? _____ | | | | | | | | | | | | | | | |
| If "YES", are you or your spouse an excluded driver under the owner's insurance policy on the auto(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| C. Will the business duties of you or your spouse involve the use of a motor vehicle, other than driving to or from work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| If "YES", does the owner of the vehicle have insurance on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", are you or your spouse an excluded driver? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| Name of insurance company providing the coverage _____ | | | | | | | | | | | | | | | |
| D. Named Non-Owner Classification _____ | | | | | | | | | | | | | | | |
| 6. COVERAGES | LIMITS OF LIABILITY | | | | | | | | | | PREMIUM 1 | | PREMIUM 2 | | |
| | Bodily Injury \$30,000 EACH PERSON / \$60,000 EACH ACCIDENT / Property Damage \$25,000 | | | | | | | | | | | | | | |
| | PERSONAL INJURY PROTECTION COVERAGE – Limit of \$2,500 – (Chapter 1952.152 Insurance Code) | | | | | | | | | | PASSIVE RESTRAINTS? | | | | |
| | <input type="checkbox"/> I ACCEPT Personal Injury Protection on the vehicle(s) described in this application and on each renewal thereafter including any additional vehicle(s) added to this assignment. | | | | | | | | | | <input type="checkbox"/> Driver Only Veh. # _____ | | | | |
| | <input type="checkbox"/> I REJECT | | | | | | | | | | <input type="checkbox"/> Both Sides Veh. # _____ | | | | |
| UNINSURED/UNDERINSURED MOTORIST COVERAGE – (Chapter 1952.101 Insurance Code) | | | | | | | | | | ANY EXISTING DAMAGE? | | B.I. | | P.D. | |
| <input type="checkbox"/> I ACCEPT Bodily Injury and Property Damage Uninsured/Underinsured Motorist Coverage on this application and on each renewal thereafter. | | | | | | | | | | <input type="checkbox"/> YES Veh. # _____ | | | | | |
| <input type="checkbox"/> I REJECT | | | | | | | | | | <input type="checkbox"/> NO Veh. # _____ | | | | | |
| <input type="checkbox"/> I ACCEPT Bodily Injury Uninsured/Underinsured Motorist Coverage ONLY and REJECT Property Damage Uninsured/Underinsured Motorist Coverage on this application and on each renewal thereafter. | | | | | | | | | | IF YES IS INDICATED ABOVE, EXPLAIN IN REMARKS. | | B.I. | | B.I. | |
| IF APPLICANT HAS REJECTED ANY OF THE COVERAGES OFFERED ABOVE, THEY MAY BE ADDED AT ANY TIME BY MAKING WRITTEN REQUEST AND PAYING THE SPECIFIED PREMIUM. | | | | | | | | | | | | | | | |
| 7. FILINGS | Is applicant <input type="checkbox"/> or spouse <input type="checkbox"/> required to file or maintain proof of financial responsibility (SR22) with any state? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", give the following information in full: | | | | | | | | | | | | | | |
| | Name _____ Give reason for suspension or required filing _____ | | | | | | | | | | | | | | |
| | State requiring SR22 _____ Date of conviction _____ End of filing period _____ T.D.P.S. File No. _____ | | | | | | | | | | | | | | |
| Is any other filing required to comply with (a) Any state? <input type="checkbox"/> YES <input type="checkbox"/> NO (b) Local Ordinance? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", state (a) Type of filing _____ | | | | | | | | | | | | | | | |
| (b) List states and cities requiring such filings and limits of liability required. _____ | | | | | | | | | | | | | | | |
| 8. PAYMENT PLANS | <input type="checkbox"/> 8 Payment Installment Option | | The insurer may deduct from your deposit premium any unpaid premium owed to the insurer by you for a prior assigned policy issued by the insurer during the twelve months immediately preceding the effective date of the policy. If the deposit premium is 20% or more inadequate, the insurer may bill for the deficiency immediately. | | | | | Gross Annual Premium \$ _____ | | | | | | | |
| | <input type="checkbox"/> Advance Premium Payment | | | | | | | Required Down Payment \$ _____ | | | | | | | |
| <input type="checkbox"/> Full Annual Premium | | Signed P.O.A. Agreement must accompany application. | | | | | Burglary/Theft Fee \$ _____ | | | | | | | | |
| <input type="checkbox"/> Premium Finance Co. – | | | | | | | Amount Submitted \$ _____ | | | | | | | | |
| | | | | | | | Check/Money Order No. payable to TAIPA _____ | | | | | | | | |

9. INSURANCE RECORD

Was there prior insurance on the listed vehicle(s) within the last 30 days? YES NO

If "YES", name of Insurance Co. _____ Termination Date _____

Was coverage through the Texas Automobile Insurance Plan Association? YES NO Was 3-year assignment completed? YES NO

If "NO", Reason for Termination _____

Are any other vehicles owned by any member of household? YES NO If "YES", give name of Insurer _____

10. ACCIDENTS

Has the applicant, as OWNER or OPERATOR, or anyone who usually drives the vehicle(s) been involved in a motor vehicle accident, resulting in damage to any property of another, or in bodily injury or death during the 36-month period immediately preceding the date of this application? YES NO If "YES", complete the following:

| | NAME OF DRIVER | PLACE OF ACCIDENT | DATE OF ACCIDENT | EXCEPTION NO.* |
|----|----------------|-------------------|------------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

- *Exceptions – If involved in an accident:**
- which occurred while the motor vehicle owned or operated by the applicant or other person who usually drives the applicant's motor vehicle was lawfully parked, standing or stopped; or
 - in which motor vehicle was struck by hit-and-run driver, if such accident was reported to the proper authority within 24 hours; or
 - as a result of which applicant or other person who usually drives the applicant's motor vehicle obtained a judgment against, or a settlement from or on behalf of, the owner or operator of another vehicle involved in such accident if the judgment or settlement was obtained prior to the date of application or in case of renewal, prior to the effective date of the renewal policy, and provided no judgment was obtained against or any amount paid in settlement by or on behalf of the applicant or other person who usually drives the applicant's motor vehicle as a result of such accident; or
 - in connection with which neither the applicant nor other person who usually drives the applicant's motor vehicle was convicted of a moving traffic violation and the owner or operator of another vehicle involved was so convicted; or
 - resulting in the payment of a personal injury protection loss only.

11. CONVICTIONS

Has the applicant or anyone who usually drives the vehicle(s) been convicted of (or if a minor under seventeen years of age, been charged with) any offense arising out of the operation of any motor vehicle, except those excluded under the rule for surcharges applicable to the Texas Automobile Insurance Plan Association, during the 36-month period immediately preceding the date of this application? YES NO If "YES", complete the following:

| | NAME OF DRIVER | PLACE OF VIOLATION | DATE OF CONVICTION | TYPE OF VIOLATION |
|----|----------------|--------------------|--------------------|-------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

12. REPORTS

REPORTS

APPLICANT authorizes the Insurer to which this application is assigned to obtain motor vehicle reports from any jurisdiction maintaining a record on the applicant or any member of the household. In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such a report is procured.

13. APPLICANT

APPLICANT – YOUR SIGNATURE ON THIS APPLICATION CERTIFIES THE FOLLOWING (DO NOT SIGN WITHOUT READING)

The APPLICANT hereby certifies that within 60 days prior to the date of application, the Applicant has been rejected for automobile insurance by at least two insurers licensed to do business in Texas and actually writing automobile liability insurance in Texas, including insurers that are not rate regulated. The Applicant further certifies that the information given in this application is true to the best of the Applicant's belief. The Applicant hereby agrees to pay all premiums when due and designates the individual shown below as Producer for this insurance. The Applicant certifies that this application was written and signed on the date shown. If this application is assigned to an insurer operating under Ch. 942, Texas Insurance Code (Reciprocal), the Applicant agrees that this application shall be taken as an application for membership in that Reciprocal and accepts all filings required by law to be made with the Texas Department of Insurance.

The Producer has offered and explained the 8 payment installment option available through the Texas Automobile Insurance Plan Association.

Premiums shown are estimates. The actual premium will be determined in accordance with approved rates and rating plans and current motor vehicle report information.

_____/_____/_____/_____ /_____/_____/_____/_____ /_____/_____/_____/_____ /_____/_____/_____/_____

(APPLICANT'S SIGNATURE) (DATE) (JOINT APPLICANT'S SIGNATURE) (DATE)

THIS APPLICATION DOES NOT CONSTITUTE A BINDER OF INSURANCE. COVERAGE BECOMES EFFECTIVE ONLY IN ACCORDANCE WITH THE TERMS OF THE PLAN OF OPERATION OF THE TEXAS AUTOMOBILE INSURANCE PLAN ASSOCIATION.

14. PRODUCER

The PRODUCER hereby certifies that within 60 days prior to the date of application, the Applicant has been rejected for automobile insurance by at least two insurers licensed to do business in Texas and actually writing automobile liability insurance in Texas, including insurers that are not rate regulated. The Producer has READ the Plan of Operation, and EXPLAINED the Personal Injury Protection Coverage, Uninsured/Underinsured Motorist Coverage and the 8 Payment Installment Option. The Producer has included in this application all required information given to the Producer by the Applicant. In the event the policy is cancelled or insurance thereunder terminated, resulting in a return premium to the insured, the Producer agrees to return the unearned commission.

_____/_____/_____/_____ /_____/_____/_____/_____ /_____/_____/_____/_____ /_____/_____/_____/_____

(PRODUCER'S SIGNATURE) (DATE)

REMARKS

