

PRIVATE PASSENGER/MOTORCYCLE
POLICY CHANGE REQUEST
**CALIFORNIA AUTOMOBILE
ASSIGNED RISK PLAN**
Complete All Applicable Sections

Name of Insurer

Policy No.

Name of Insured

Producer Last Name

First Name

MI

Street

City

State

Zip Code

Telephone (Incl. Area Code)

Producer's License No.

Fax No. (Incl. Area Code)

Signing Producer Last Name (Complete if producer completing/signing this application differs from the Producer of Record.)

First Name

MI

Producer License No.

1. VEHICLE INFORMATION

Delete Vehicle ☐

Year

Make

Vehicle Identification No.

Replacement Vehicle ☐
Or
Added Vehicle ☐

Year

Make

Model Name & Body Style

Vehicle Identification No.

Cyls.

H.P.

* Applicable for motorcycles only

Purchased New Used
Mo. Yr. ☐ ☐

Use and Classification

Pleasure ☐ Business ☐ Farm ☐
To Work/To School ☐ Commercial ** ☐
** Applicable only for motorcycles
used for commercial purposes.

Principal Place of Garaging

Miles One Way to
Work, School, or
Transportation

Estimated
Annual Mileage

State
Registered In

Address of Insured as appears on registration

Rating Band

Rating Class

Penalty Points

2. COVERAGES:

In Accordance with Plan Rules.

Add
☐

Change
☐

Delete
☐

No Change
☐

Applicable
to Vehicle:

Year

Make

Vehicle Identification No.

Check
Applicable Box
➔

Bodily Injury
Liability
☐

Property Damage
Liability
☐

Medical
Payments
Coverage
☐

Uninsured
Motorist
Coverage – BI
☐

Uninsured
Motorist
Coverage - PD
☐

Extended
Nonowned
Coverage
☐

Financial Responsibility
☐ Yes ☐ No
If Yes", Indicate a \$15.00 filing fee
(if no penalty point surcharge)
☐

Limits/Ded.

\$

\$

\$

\$

\$

\$

\$

Premium

\$

\$

\$

\$

\$

\$

\$

Extended Non Owned Auto Coverage – Personal Auto Coverage

Is the auto furnished to the individual, spouse, or resident individual for their regular use?

☐ Yes ☐ No

Is primary liability insurance in effect for the auto furnished for regular use?

☐ Yes ☐ No

Name of individual to be covered by extended nonowned auto coverage _____

Estimated Annual Premium \$ _____

Deposit 25% of estimated annual premium or pro rata premium for the remainder of policy period, whichever is less \$ _____

Make check payable to insurer and mail directly to insurance company, not to the Plan.

2a. COVERAGES FOR ACTS OF UNINSURED MOTORISTS: CALIFORNIA

DELETION OF 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 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, their heirs or legal representatives for all sums within the limits established by law, which such 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.

REDUCTION OF COVERAGE: The Uninsured Motorists 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.

DAMAGE TO YOUR VEHICLE: In addition, the California Insurance Code requires insurers to offer coverage for damage to your vehicle caused by an uninsured motor vehicle to the extent that you, the insured party, are legally entitled to recover from the owner or operator of the uninsured motor vehicle. Such property damage coverage will either: (1) pay the collision deductible on the insured motor vehicle, if it is covered by collision insurance, or (2) pay for damage to the insured motor vehicle, if it is not covered by collision insurance. This coverage will not pay for damage to personal property other than the vehicle or for loss of use of the vehicle, and it will not exceed the smallest of any the following: (1) The amount of the collision deductible; (2) the actual cash value of the insured motor vehicle; or (3) \$3,500. You may reject uninsured motorist coverage completely or reject it only when an insured motor vehicle is operated by a natural person or persons that you designate by name. If you reject uninsured motorist coverage for bodily injury, you must also reject uninsured motorist coverage for property damage; however, you may elect to obtain uninsured motorist bodily injury coverage without obtaining uninsured motorist property damage coverage. It shall be presumed that an application for a policy of bodily injury liability insurance containing uninsured motorist coverage if an amount less than that required by Insurance Code Section 11580.2, Subdivision (m), signed by you (the named insured) and approved by the insurer, with a policy effective date after January 1, 1985, shall be a valid agreement as to the amount of uninsured motorist coverage to be provided.

2.b. REJECTION OF UNINSURED MOTORISTS COVERAGE

I understand that if I reject uninsured motorist coverage, and if I am injured by a person driving without motor vehicle insurance, I may be unable to recover any significant amount of money to cover the costs of my injuries or of damage to my motor vehicle. I have applied this day for coverage under an automobile liability insurance policy, and the company providing such coverage and I have agreed as follows to delete uninsured motorist coverage from that insurance policy.

1. ☐ I elect to delete completely uninsured motorist coverage for all insureds.
2. ☐ I elect to delete uninsured motorist coverage for property damage coverage, but keep uninsured motorist coverage for bodily injury.
3. ☐ I elect to delete completely uninsured motorist coverage for the following designated person(s) listed below:

☐ I elect to delete uninsured motorist coverage for property damage coverage, but keep uninsured motorist coverage for bodily injury for the following designated person(s) listed below:

X _____ Date: _____ Hour: _____ ☐ AM ☐ PM
Applicant's Signature

The rejection of insurance indicated by the above agreement shall be binding upon every insured to whom such policy or endorsement provisions apply while such policy is in force, and it shall continue to be so binding with respect to any continuation, renewal or replacement of such policy by the named insured, or with respect to reinstatement of such policy with 30 days of any lapse thereof.

DO NOT SIGN THIS AGREEMENT UNLESS YOU READ AND UNDERSTAND IT.

3. FINANCIAL RESPONSIBILITY Is additional operator required to file evidence of financial responsibility? ☐ Yes ☐ No

If "Yes," complete below:

Name _____

License No. _____

State Where Filing Required _____

Reason for Filing _____

☐ SR1P Date of Accident _____

Do you own any other vehicle? ☐ Yes ☐ No. If "Yes," give name of insurance company and policy number:

Type of Filing:

SR-22 Owner's ☐ (to allow for operation of owned vehicles)

SR-22 Operator's ☐ (to allow for operation of non-owned vehicles)

Both ☐

4. OPERATOR INFORMATION

☐ Delete Operator: Name _____ Reason for Deletion: _____

<input type="checkbox"/> Added Operator	Name	Relationship to Insured	% Use of		Birth Date Mo. Day Yr.	Marital* Status	Driver's License No.	State	Licensed 3 Yrs.	
			Veh. 1.	Veh. 2.					Yes	No – Give Date Issued

*M/S-Marital Status: S-Single, M-Married, DP-Domestic Partner, W-Widowed, D-Divorced, P- Separated

4a. ACCIDENTS

Have additional operators been involved, either as owner or operator, in any motor vehicle accident during the past thirty-six months? Explain under "Remarks" if the below Accident(s) Not Chargeable Under the Rules of the Plan.

Name of Operator	Accident Date	Place of Accident Town State	Bodily Injury or Death	Property Damage Amount	Chargeable
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ No	<input type="checkbox"/> Yes <input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ No	<input type="checkbox"/> Yes <input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ No	<input type="checkbox"/> Yes <input type="checkbox"/>

4b. CONVICTIONS Have additional operators been Convicted or Forfeited Bail during the immediately preceding thirty-six months?
 Note: a paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Name of Operator	Date of Conviction	Did Conviction arise as a result of an accident	Nature of Conviction	Place of Conviction Town State	Penalty
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

5. CHANGE

☐ Name New Name Street Apt. City State Zip Code
☐ Address

Reason for Name Change ☐ Marriage ☐ Divorce ☐ Legal Name Change ☐ Parties to a Civil Union

6. THIRD PARTY DESIGNEE OPTION

You have the right to designate a third party, such as relative or friend, to receive notices of lapse, termination, expiration, nonrenewal, and cancellation for nonpayment of premium that you may receive for your Plan Policy. Notices sent to a third party are in addition to those provided to you and your producer of record. You have the option to designate a third party on this policy change or choose this option at any time during the policy period.

☐ I elect the third party designee option.
 (Please complete Third Party Designee Form—AIP 1267 (1/16) and submit with this form.)

X _____ Date: _____ Hour: _____ ☐ AM ☐ PM
 Applicant's Signature

☐ I decline the third party designee option.

7. POLICY CANCELLATION

☐ Cancel policy

Reason for cancellation:

When a CAARP Personal Auto Insurance Policy is cancelled, the premium refund determined in accordance with Plan rules may be based on .90 of the pro rata unearned premium for the period of coverage, subject to a minimum premium of \$15 per vehicle or policy, whichever is greater.

8. FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THE APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL PENALTIES.

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM.

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

9. EFFECTIVE DATE

This request form having been completed and duly executed shall be, from the effective date and time shown below, evidence of changes as specified subject to all the terms and conditions of the policy and the rules of the CA Automobile Assigned Risk Plan.

Effective Date and Time _____ ☐ A.M. ☐ P.M. **IN NO EVENT SHALL ADDITIONAL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS REQUEST FORM.**
 Month Day Year Hour

By _____ Date _____ Hour _____ ☐ A.M. ☐ P.M.
 (Producer's Signature)

10. APPLICANT'S STATEMENT

I declare and certify that to the best of my knowledge and belief all statements contained in the Policy Change Request are true.

By _____ Date _____ Hour _____ ☐ A.M. ☐ P.M.
 (Applicant's Signature)

11. ATTACHMENTS

Include the following attachments, if applicable:

1. Deposit Premium Payment
2. Copy of Driver's License
3. Copy of Vehicle Registration or Proof of Ownership
4. Third Party Designee Form (if applicable)
5. Copy of Mature Driver Improvement Course Discount Certificate (If applicable)

REMARKS: