

ALASKA AUTOMOBILE INSURANCE PLAN ALTERNATE APPLICATION REPORT FORM

(FOR USE WHEN A PRODUCER IS UNABLE TO USE ELECTRONIC APPLICATION SUBMISSION)

SECTION 1. PLAN Check appropriate box

☐ PRIVATE PASSENGER

☐ COMMERCIAL

SECTION 2. PRODUCER/APPLICANT INFORMATION

a.	Producer Last Name/Agency Name	Telephone Number (include area code)	Extension	
	Signing Producer (If different from Producer of Record)	License Number		
	Mailing Address	City	State	Zip Code
b.	Applicant Name	Applicant's Date of Birth (mm/dd/yyyy)		
	DBA Name			
	Address	City	State	Zip Code
	Mailing Address	City	State	Zip Code

SECTION 3. EFFECTIVE DATE AND TIME ALTERNATE APPLICATION SUBMISSION PROCEDURE USED

Date: _____ Hour: _____ ☐ A.M. ☐ P.M.

SECTION 4. REASON(S) ALTERNATE APPLICATION SUBMISSION PROCEDURE USED

- ☐ Unable to connect with the internet. Internet-ISP Service provider: _____
- ☐ Other service provider had technical difficulties (Specify difficulties in Section 5.) Service provider: _____
- ☐ Severe weather conditions/natural disaster affected access to/transmittal of data. (Specify location in Section 5.)
- ☐ Electronic application submission unavailable. Provide error message given. _____
- ☐ Computer difficulties (Specify difficulties in Section 5.)
- ☐ Other (Specify in Section 5.)

SECTION 5. SPECIFY REASON(S) ALTERNATE APPLICATION SUBMISSION PROCEDURE WAS USED (Include specific details regarding incident which prohibited use of electronic application submission, if necessary, attach separate sheet of paper.)

SECTION 6. PRODUCER STATEMENT AND SIGNATURE

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. In the event the aforementioned information is found to be inaccurate, the producer/signing producer may be referred to the Alaska Governing Committee and/or the Alaska Division for appropriate action.

Producer Signature

Date

SECTION 7. PRODUCER INSTRUCTIONS

Attach this form to the application completed for the aforementioned applicant and forward both forms to the Plan in accordance with the application Alternate Application Submission Procedures in the Alaska Cost Plan of Operation.

COMMERCIAL APPLICATION ALASKA AUTOMOBILE INSURANCE PLAN

Reference #:

Transmission Date:

OFFICE USE ONLY – DO NOT WRITE OR ALTER INFORMATION IN THIS BLOCK

SECTION 1. PRODUCER OF RECORD															
Producer Last Name/Agency Name						Producer First Name						MI			
Mailing Address						Ste./Apt. No.		City			State		Zip Code		
Producer License No.						Telephone No. (incl. area code)				Fax No. (Incl. area code)					
SECTION 2. SIGNING PRODUCER						(Complete if the producer completing and signing this application differs from Section 1.)									
Last Name				First Name				MI		Signing Producer License No.					
SECTION 3. APPLICANT															
Last Name						First Name						MI			
DBA												Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Telephone No. (incl. area code)				Business Telephone No. (incl. area code)				Tax ID No.							
Street Address						Ste./Apt. No.		City			State		Zip Code		
Headquarters Street Address (if different from above)						Ste./Apt. No.		City			State		Zip Code		
Business of Applicant/Nature of Operation															
SECTION 4. OWNERSHIP AND CONTROL OF APPLICANT'S ORGANIZATION															
Named insured is a:						State of Incorporation		Date of Incorporation		Date actual operations commenced					
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____															
Management, Ownership and Control (List names of principals and also anyone with more than a 10% ownership interest.)															
President								Date in Position		Percent Ownership					
Vice President															
Secretary															
Treasurer															
General Manager															
Others															
List all affiliated companies															

SECTION 5. OPERATOR INFORMATION		(List all full-time, part-time, and all other operators that usually drive a vehicle.)			TOTAL OPERATORS	
Last Name	First Name	MI	Birth Date MM/DD/YYYY	Driver's License No.	State	

For applicants with more than four operators, all additional operators must be listed on an AIP 3502 Supplemental Operator Schedule and mailed with the original application to the Plan.

SECTION 6. ACCIDENTS							
Has applicant, or anyone who usually drives the applicant's vehicle(s), been involved, either as owner or operator, in <u>ANY</u> motor vehicle accident during the past THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following.							
Name of Operator	Accident Date Mo./Day/Yr	Code*	Place of Accident		Bodily Injury or Death	Prop. Damage (incl. your own) Amount	Penalty Points
			City	State			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

*Accident Codes
1. Applicant's motor vehicle lawfully parked.
2. Damaged by "Hit and Run" driver and accident reported to police within 24 hours from time of accident.
3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.
4. Other person involved in accident was convicted. Applicant or operator was not convicted.
5. Police or Fire Department or First Aid Squad responding to an emergency call.
6. Other type of accident - non-chargeable under provisions of the Plan. Describe accident in space provided below.

SECTION 7. CONVICTIONS							
Has the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL at any time during the immediately preceding THIRTY-SIX months? Convicted <input type="checkbox"/> Yes <input type="checkbox"/> No Forfeited Bail <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for either item, complete the following. NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.							
Name of Operator	Date of Conviction or bail forfeiture Mo./Day/Yr.	Did Conviction Arise as a Result of an Accident?	Nature of Conviction	Place of Conviction		Penalty Points	Was License Suspended or Revoked?
				City	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 8. COMMODITIES TRANSPORTED					
Identify any hazardous materials, waste or substances being hauled.					
Identify radius of operations. (Number of straight-line, air miles from garaging to furthest destination to which vehicle travels in one direction on a "regular basis". "Regular" is defined as two or more trips per month per vehicle.)					
Trips From Place of Origin To Place of Destination	% of Revenues	No. per Month	Principal Cities entered	Commodities Carried	

SECTION 9. GROSS RECEIPTS					
(Required for Motor Carriers of Property or Passengers whether or not the policy is to be written on Gross Receipts basis.)					
Gross Receipts	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Other than Truckers	\$	\$	\$	\$	\$
Truckers	\$	\$	\$	\$	\$

SECTION 10. VEHICLE INFORMATION AND USE				For long distance, list cities in which vehicles operate.				TOTAL VEHICLES:	
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Veh Info	Year	Vehicle Identification No.	Load Capacity (2)	Type of Registration	Gross Vehicle Weight Rating (GVWR) Trucks only	Spec. Indus (M-T-FD-SD-WD-F-D-C-L-O)	Seating Capacity	Loss Payee Name	
	Trade Name/ Model No.	Garage Location (Town/State, ZIP Code)	State of Registration	Rating Classification	Gross Comb. Wght (GCW) Trucks-Tractors only	For Size Bus. Rad. (L-I-LD)	Tank Capacity	Loss Payee Address	
	Type (1)	Name of Registered Owner of Vehicle	Rating Territory (3)	Orig. Cost New (4)	Comp. Symbol	Coll. Symbol	Size (L-M-H-EH-HT-EHT)	Final Rating	How vehicle licensed
Where vehicle is permitted to operate:				List all cities through and in which vehicles operate:					
Veh 1									
Veh 2									
Veh 3									
Veh 4									
Veh 5									

(1) Type - Truck=T, Truck-Tractor=TT, Trailer=TR, Semi-Trailer=ST, Public Auto=PA (2) Truck-Type vehicles with Private Passenger or Combination registration and load capacities of 1500 pound or less are eligible for Basic Reparatons Benefits coverage. (3) For public automobiles, use the highest rated territory where the vehicles pick up or discharge passengers. (4) Chassis and Body including Special Equipment.

FOR APPLICANTS WITH MORE THAN FIVE VEHICLES, ALL ADDITIONAL VEHICLES MUST BE LISTED ON A SUPPLEMENTAL VEHICLE SCHEDULE AND MAILED WITH THE ORIGINAL APPLICATION TO THE PLAN.

SECTION 11. COVERAGES AND PREMIUMS		(As provided by the Rules of the Plan.)				
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All vehicles written under the same policy shall have the same Limits of Liability.					Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Check appropriate boxes to indicate limits/deductibles					Est. Prem.	Est. Prem.	Est. Prem.	Est. Prem.	Est. Prem.
Bodily Injury <input type="checkbox"/> \$50,000/\$100,000 <input type="checkbox"/> \$100,000/\$300,000 <input type="checkbox"/> Other_____									
Property Damage <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other _____									
Optional Deductibles <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000									
Uninsured/Underinsured Motorists – BI <input type="checkbox"/> \$50,000/\$100,000 <input type="checkbox"/> \$100,000/\$300,000 <input type="checkbox"/> Other_____									
Uninsured/Underinsured Motorists – PD <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other _____									
Non-owned Auto Liability Coverage – (Complete Section 11.c. if requested)									
Hired Auto Liability Coverage – Annual Cost of Hire: \$_____									
Hired Auto Physical Damage Coverage – Annual Cost of Hire: \$_____, Deductible: \$_____									
Medical Payments Coverage (PPA's only) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000									
Physical Damage – Comprehensive – Deductibles \$100 \$200 \$250 \$500 \$1000 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____									
Physical Damage – Collision – Deductibles \$100 \$200 \$250 \$500 \$1000 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____									

Estimated Total Premium per vehicle	\$	\$	\$	\$	\$
Total Estimated Premium for vehicles 1 – 5					\$
Total Estimated Premium for supplemental vehicles					\$
Total Estimated Premium for all vehicles					\$

SECTION 11.a. SELECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE
DO NOT SIGN UNTIL YOU READ.

Uninsured/Underinsured Motorist Coverage – BI ☐ I ACCEPT ☐ I REJECT
 Acceptance of UM/UIM Bodily Injury Limits of

<input type="checkbox"/> \$50,000/100,000	<input type="checkbox"/> \$500,000/500,000	<input type="checkbox"/> \$1,000,000/1,000,000	<input type="checkbox"/> \$100,000 CSL
<input type="checkbox"/> \$100,000/300,000	<input type="checkbox"/> \$500,000/1,000,000	<input type="checkbox"/> \$1,000,000/2,000,000	<input type="checkbox"/> \$300,000 CSL
<input type="checkbox"/> \$250,000/500,000	<input type="checkbox"/> \$750,000/750,000	<input type="checkbox"/> \$2,500,000/2,500,000	
<input type="checkbox"/> \$300,000/500,000			

Uninsured/Underinsured Motorist Coverage – PD ☐ I ACCEPT ☐ I REJECT
 Acceptance of UM/UIM Property Damage Limits of ☐ \$25,000 ☐ \$50,000
 I understand and agree that selection of the above option applies to my liability insurance policy and future renewals or replacements of such policy, which are issued at the same Bodily Injury and Property Damage Liability Limits. If I decide to select another option at some future time, I must let the Company or my producer know in writing.

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

Note: The options selected above are applicable to all coverages requested on this application for which uninsured/underinsured motorist coverage is offered in accordance with Plan rules.

SECTION 11.b. PHYSICAL DAMAGE COVERAGE FOR DAMAGE TO RENTAL VEHICLES

Physical Damage Coverage for Damage to Rental Vehicles ☐ I ACCEPT ☐ I REJECT
 _____ Date: _____ Hour: _____ ☐ AM ☐ PM
 Named Applicant's or Corporate Officer's Signature

Liability and Physical Damage coverages will be automatically provided for rental vehicles in response to Alaska Statute 21.89.020(f)(2) and (3). Physical Damage coverage for rental vehicles may be rejected.

SECTION 11.c. NONOWNED AUTO LIABILITY COVERAGE
If filings are requested, this coverage must be added.

☐ Check here to add coverage ☐ Primary ☐ Excess

NONOWNED AUTO LIABILITY COVERAGE: Total Number of Employees:
Avg. Fast Food Delivery Drivers:
Premium:

Auto Repair Shops, Service Stations, Storage Garages, and Public Parking Places:

Address	No. of Employees	Rating Territory	Premium
Location No.1			
Location No.2			

What % of the applicant's employees operate their vehicles in the business?	Are any other vehicles owned by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" complete the following.	Are any vehicles hauling exclusively for one firm/carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following.
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Name of Insurance Company	Policy No.	Name of Firm/Carrier
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Address of Insurance Company	Type of Business
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Description of any owned, leased, hired, and nonowned vehicles, which are *not* to be insured.

Year	Trade Make	Body Type	Vehicle Identification No.

SECTION 11.d. HIRED CAR COVERAGE
If filings are requested, this coverage must be added.

☐ Check here if **desired.**

Estimated Annual Cost of Hire	Liability Rates per \$100		Liability Est. Premium		Comprehensive		Collision	
	BI	PD	BI	PD	Rate	Premium	Rate	Premium
Liability and physical damage coverages will be automatically provided for rental vehicles in response to Alaska Statute 21.89.020(f)(2) and (3). Physical damage coverage for rental vehicles may be rejected. (See 11.b. above) Note: To comply with Alaska Statute 21.89.020(f)(3), hired auto physical damage must be provided on all commercial policies providing physical damage coverage.								

SECTION 11.e. COST OF HIRE		For policies rated under Trucker's Cost of Hire. All risks for which a broad form filing or MCS-90 or MCS-90B endorsement has been issued				
	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year	
Indicate the total Cost of Hire, including cost and wages, for vehicles leased or hired on a long-term basis (over 6 months) and specifically insured by applicant as an owned automobile.	\$	\$	\$	\$	\$	
Indicate the total Cost of Hire, including cost and wages, for automobiles, which are <i>not</i> specifically insured by the applicant as an owned vehicle but are to be insured as hired automobiles.	\$	\$	\$	\$	\$	
Cost of Hire – Represents Total Long and Short Term Cost of Hire.	\$	\$	\$	\$	\$	
SECTION 11.f. WAIVER OF SUBROGATION						
Does applicant require a Waiver of Subrogation to fulfill a contractual agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Name(s) and Address(es) of Person(s) or Organization(s) Requiring Waiver of Subrogation:						
When a Waiver of Subrogation Endorsement is requested, a copy of the agreement between the applicant and the person(s) or organization(s) requiring the endorsement must accompany the application.						
SECTION 11.g. PRIMARY AND NONCONTRIBUTORY—OTHER INSURANCE CONDITION						
Does applicant require a Primary and Noncontributory—Other Insurance Condition to fulfill a contractual agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Name(s) and Address(es) of Person(s) or Organization(s) Requiring Primary and Noncontributory—Other Insurance Condition:						
When a Primary and Noncontributory—Other Insurance Condition Endorsement is requested, a copy of the agreement between the applicant and the person(s) or organization(s) requiring the endorsement must accompany the application.						
SECTION 12. AUTO DEALERS COVERAGE						
<input type="checkbox"/> Check here if Auto Dealers Coverage is desired and complete and attach the Supplemental Auto Dealers Application.						
SECTION 13. FILINGS OR CERTIFICATES						
<p>NOTE: Producers completing this application and section must be guided by the following: (a) All owned and operated vehicles must be described in this application. (b) All risks for which a filing has been made (except SR-22) are subject to cost of hire rating and nonowned auto liability coverages. (c) If a filing is requested here, the Cost of Hire (Sections 11.d and 11.e) and Nonowned Auto Liability (Section 11.c) Coverage sections must be completed. (d) Applicant's name must be identical to name as it appears on the Dept. of Transportation (DOT) or Dept. of Public Safety (DPS) permit to avoid rejection. (e) An AORDP Inspected Units Form must be completed, signed, and submitted for all applicants who require a Federal Highway Administration (FHWA) or Federal Motor Carrier Safety Administration (FMCSA) filings and endorsements.</p> <p>Is a Federal filing or specific limit(s) of liability needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to comply with: (Answering "Yes" to any of the 4 filings below will require completion of the CAIP Inspected Units form.)</p> <p><input type="checkbox"/> Motor Carrier Act of 1980 Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p><input type="checkbox"/> Bus Regulatory Act of 1982 <input type="checkbox"/> Motor Carrier No. _____</p> <p><input type="checkbox"/> U. S. DOT No. _____</p> <p>Is a state or local filing or specific limit(s) of liability needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to comply with: <input type="checkbox"/> Local Ordinance (attach copy) <input type="checkbox"/> State Regulation</p> <p><input type="checkbox"/> PUC No. _____ <input type="checkbox"/> Other _____</p> <p>If block(s) are checked, list state(s) and city(ies) requiring filings or limits of liability required by law.</p>						
Is applicant required to file evidence of financial responsibility (SR-22)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following.						
Last Name		First Name		MI	Tax Identification No.	
Type of Filing <input type="checkbox"/> Owner's (operation of owned vehicles) <input type="checkbox"/> Operator's (operation of nonowned vehicles) <input type="checkbox"/> Both						
State where Filing required	Case or file No.	Reason for Filing				
Name of any party requiring a certificate of insurance or additional insured endorsement.						

SECTION 14. PAYMENT PLANS				GROSS DEPOSIT PREMIUMS MUST BE SUBMITTED WITH APPLICATION.	
<input type="checkbox"/> Option 1 Full Annual Premium <input type="checkbox"/> Option 2 Premium Deposit with Single Bill Balance <input type="checkbox"/> Option 3 Installment Premium Payments#* ⇒ 30% deposit required ⇒ 5 installments with \$5.00 per installment charge <input type="checkbox"/> Option 4 Installment Premium Payments** ⇒ 25% deposit required ⇒ 5 installments with \$5.00 per installment charge <input type="checkbox"/> Premium to be Financed – Name of Premium Finance Company***			Check/Money Order/Draft No.:		
			Total Estimated Premium		\$
			Amount Submitted with Application		\$
			# Not Available on Premium Financed Policies. * Available to Commercial Risks Requiring Motor Carrier, Federal, State, and Local Filings or Certificates. ** Available Only to All Other Commercial Risks (including Risks Requiring Only SR-22s) NOT Subject to Option #3. *** Attach a copy of Premium Finance contract.		
NOTICE TO PREMIUM FINANCE COMPANY – Unearned Premium is based on actual premium, not estimated premium.					
SECTION 15. PREVIOUS AUTOMOBILE INSURANCE CARRIER					
Information for the past three years. Attach loss statements from previous carrier.					
Name of latest carrier			Policy No.		Termination Date
Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", give reason terminated.			
Complete the following for Carriers of property and passengers.					
	Policy No.	Policy Period	Name of Insurance Company		
		From To			
1st Prior					
2nd Prior					
3rd Prior					
SECTION 16. EVIDENCE OF INSURANCE AND REQUESTED EFFECTIVE DATE OF COVERAGE					
The Applicant hereby authorizes any insurer that may previously have provided coverage to the Applicant or to additional named insureds to provide records, data or information concerning prior coverage to the Plan or any carrier designated by the Plan. The Applicant agrees that a reproduction of this authorization shall be considered as effective and valid as the original. 1. The application must be fully completed and duly executed. 2. Coverage under this evidence of automobile insurance is to be effective for a period not to exceed 45 days from the effective date and time stated herein. Within such 45-day period, coverages under this evidence of automobile insurance will terminate immediately upon: (a) the issuance of the policy applied for, (b) the issuance of any policy affording similar insurance, or (c) the cancellation of the insurance coverages afforded hereunder in accordance with the rules of the Alaska Automobile Insurance Plan. 3. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured. 4. The insurance afforded hereunder shall be subject to all the terms and conditions of the Plan and the Policy Form prescribed for use. 5. The Producer of Record must forward this application to the Plan in accordance with Plan rules.					
Electronic Application Submission Commercial Applications: The original, completed, signed application, deposit, and supporting documentation must be forwarded to the Plan and be received by the Plan no later than 15 calendar days following the date of transmittal of the application. In the event the electronic application does not meet this submission requirement, coverage will become effective at 12:01 A.M. on the day following the date of mailing as evidenced by the USPS postmark on the envelope accompanying the application or hand-delivery to the Plan. If the postmark is illegible, there is no postmark, or there is a metered mail stamp (without a USPS postmark), coverage will become effective no earlier than 12:01 A.M. on the day following receipt by the Plan.					
Alternate Application Submission Procedure Applications: The producer of record must forward the original, completed, signed application, deposit, and supporting documentation to the Plan no later than two working days after the application is written. If the application is not submitted within two working days or if the postmark is illegible, there is no postmark, or there is a metered mail stamp (without a USPS postmark), coverage will become effective no earlier than 12:01 A.M. on the day following receipt by the Plan.					
Note: The postmark to be recognized by the Plan shall be the postmark of the United States Postal Service (USPS). A metered mail stamp (without USPS postmark), electronic stamp, or other postage service or stamp shall not be considered a postmark of the United States Postal Service for the purpose of effecting coverage. Working day shall mean a day on which business is conducted, Monday through Friday, except for legal holidays when the United States Post Office is closed.					
Requested Effective Date and Time: (Not to exceed 45 days from the date of application submission) _____ Example: 09/01/2021 11:30 AM			IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.		

DRIVER INFORMATION RELEASE FORM**A Driver Information Release Form (AIP-1363) must be completed and submitted with this Application.****SECTION 17. PRODUCER OF RECORD STATEMENT**

I hereby certify that I am a licensed broker/agent of the State of Alaska. I have read the Alaska Automobile Insurance Plan and have explained the provisions to the applicant. I acknowledge that I am acting on behalf of the applicant in submitting this application and have no authority to establish or revise the terms or conditions of coverage. This application includes all required information given to me by the applicant. In the event of cancellation or change to the policy resulting in a reduction of premium, I agree to return the unearned premium to the insured (net of any minimum premium due the carrier) and also to return to the carrier unearned compensation for this insurance received by me as required by the Plan.

My signature hereon represents certification of the Producer of Record Statement AND I certify this application is submitted pursuant to the effective date provisions contained in the Alaska Automobile Insurance Plan.

Date: _____ Hour: _____ ☐ AM ☐ PM
Producer's Signature

SECTION 18. APPLICANT'S STATEMENT**YOUR SIGNATURE REPRESENTS THE FOLLOWING TO THE BEST OF YOUR KNOWLEDGE OR BELIEF. (DO NOT SIGN WITHOUT READING)**

I, the Applicant, declare and certify that:

1. I am duly authorized to execute this application on the behalf of the Applicant.
2. I have tried and failed to obtain automobile insurance in this state within the preceding 60 days and have been unable to obtain such insurance at rates not exceeding those applicable under the Plan.
3. To the best of my knowledge and belief all statements contained in this application are true and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.
4. I realize that any misleading information or failure to disclose required information will not be considered good faith on my part and will prejudice my application for insurance.
5. I hereby agree to pay all premiums when due.
6. I hereby certify that I do not owe any insurance company for automobile premiums due or contracted.
7. I designate as Producer of Record for this insurance the producer or firm named in this application. I may designate a substitute producer at any time and, upon designation, shall be the Producer of Record. I understand that any designated Producer cannot act as an agent of the Alaska Automobile Insurance Plan or any carrier for the purpose of this insurance and that the Producer has no authority to establish, alter or amend terms or conditions of coverage.
8. I duly authorize the undersigned to execute this application on my behalf if the Applicant is not a natural person.
9. I agree that no coverage will be in effect, if the premium remittance, which accompanies this application, is justifiably dishonored by any financial institution.
10. I understand that the premiums shown on this application are estimated premiums. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.
11. **I understand and agree that if the Applicant owes earned premium to an assigned company for prior Alaska Automobile Insurance Plan coverage and the Applicant is reassigned to that same company, the assigned company may: a) apply the deposit premium to that outstanding balance prior to applying the deposit premium to this new application and bill the Applicant or send notice of cancellation for any additional deposit needed on this application, or b) return this application and deposit without providing any coverage if the deposit is in the form of a premium finance company check. The Applicant further understands and agrees that if the deposit premium is insufficient to cover the outstanding earned premium for prior coverage, the assigned company may apply the entire deposit premium to that outstanding balance and return this application without providing any coverage.**
12. When the insurance is to be written on a basis requiring final adjustment of the premium after expiration of the policy I will maintain a complete record of its financial transactions in any reasonable form and manner as the insurer may require. I will also make this record available for inspection by the insurer at a designated place and at all reasonable times.

Date: _____ Hour: _____ ☐ AM ☐ PM
Named Applicant's or Corporate Officer's Signature

SECTION 19. ATTACHMENTS

- | | |
|--|---|
| <input type="checkbox"/> Signed Application (by both producer and applicant) | <input type="checkbox"/> Supplemental Vehicle Schedule (if applicable) |
| <input type="checkbox"/> Copy of Vehicle Registration (MANDATORY for each vehicle) | <input type="checkbox"/> Copy of Agreement with Person(s) or Organization(s), if Waiver of Subrogation Endorsement is requested |
| <input type="checkbox"/> Deposit premium | <input type="checkbox"/> Copy of Agreement with Person(s) or Organization(s), if Primary and Noncontributory-Other Insurance Condition Endorsement is requested |
| <input type="checkbox"/> Driver Information Release Form (AIP-1363) | <input type="checkbox"/> AORDP Inspected Units Form |
| <input type="checkbox"/> Supplemental Operator Schedule (if applicable) | |

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received within 45 days, notify the Plan at 800-227-4659.

FAIR CREDIT REPORTING ACT NOTICE

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 report is procured.

Send original, signed application with check/money order and required attachments to:

Alaska Automobile Insurance Plan
PO Box 6530
Providence, RI 02940-6530

	REMARKS SECTION	