

# ARIZONA 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 Arizona Governing Committee and/or the Arizona Insurance Department 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 Arizona Plan of Operation.

**COMMERCIAL APPLICATION  
ARIZONA AUTOMOBILE INSURANCE PLAN**

Reference #:

Transmission Date:

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

**NOTICE: PRODUCER MUST READ THIS STATEMENT BEFORE PROCEEDING**

**Applicants requiring filings or a limit of liability in excess of \$500,000 Combined Single Limits will be subject to a 15-day delay in the effective date as specified in Section 23 of the Arizona Automobile Insurance Plan.**

**SECTION 1. PRODUCER OF RECORD**

Producer Last Name/Agency Name		Producer First Name		MI	
Mailing Address		Ste./Apt. No.	City	State	Zip Code
Tax ID or Social Security No.	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.
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**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: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____		State of Incorporation	Date of Incorporation	Date actual operations commenced
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 Mo./Day/Yr.	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 <b>CONVICTED</b> or <b>FORFEITED BAIL</b> 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	
Veh No.	Year	Vehicle Identification No.	Load Capacity (2)	Type of Registration		Gross Vehicle Weight Rating (GVWR) Trucks only		Spec. Industry (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. Weight (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 veh. is licensed	Loss Payee City, State, Zip Code	
	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 Repairs 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.)				
<b>All vehicles written under the same policy shall have the same Limits of Liability.</b> Check appropriate boxes to indicate limits/deductibles				Vehicle 1 Est. Prem.	Vehicle 2 Est. Prem.	Vehicle 3 Est. Prem.	Vehicle 4 Est. Prem.	Vehicle 5 Est. Prem.
Bodily Injury <input type="checkbox"/> \$25,000/\$50,000 <input type="checkbox"/> Other _____								
Property Damage <input type="checkbox"/> \$15,000 <input type="checkbox"/> Other _____								
Uninsured Motorists <input type="checkbox"/> \$25,000/\$50,000 <input type="checkbox"/> Other _____								
Underinsured Motorists <input type="checkbox"/> \$25,000/\$50,000 <input type="checkbox"/> Other _____								
Nonowned Auto Liability Coverage – (Complete Section 11.b. if requested)								
Hired Car Coverage – Annual Cost of Hire: \$ _____								
Medical Payments Coverage (PPA's only) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000								
Physical Damage - Comprehensive - Deductibles \$100 \$200 \$250 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____								
Physical Damage - Collision - Deductibles \$100 \$200 \$250 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								\$ _____
<b>SECTION 11a. OFFER OF UNINSURED AND UNDERINSURED MOTORIST COVERAGE</b>						<b>PLEASE READ CAREFULLY.</b>		
<p>You have a legal right to purchase both Uninsured and Underinsured Motorist coverages with the proposed liability policy.</p> <p><u>THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.</u>  Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured/Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit or you may select lower limits than the policy's Bodily Injury Liability Limit, or no coverage.</p> <p>You have the right to purchase both Uninsured Motorist coverage, and Underinsured Motorist coverage, in any amount from \$50,000 single limit (or \$25,000/\$50,000 split limits) up to your policy's liability limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury. If Uninsured Motorist Coverage and/or Underinsured Motorist Coverage is selected, attach the Arizona Uninsured and Underinsured Motorist Coverage Offer Form.</p>								
<b>SECTION 11b. NONOWNED AUTO LIABILITY COVERAGE</b>				<b>If filings are requested, this coverage must be added.</b>				
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.				
Name of Insurance Company			Policy No.	Name of Firm/Carrier				
Address of Insurance Company				Type of Business				
Description of any owned, leased, hired, and non-owned vehicles, which are <i>not</i> to be insured.								
Year		Trade Make		Body Type		Vehicle Identification No.		
Total No. Employees	What % of the applicant's employees operate their vehicles in the business?				<b>FAST FOOD DELIVERY ONLY ⇨</b>		Average No. Drivers	
<b>SECTION 11.c. HIRED CAR COVERAGE</b>				<b>If filings are requested, this coverage must be added.</b>				
<input type="checkbox"/> Check here if desired.		Estimated Annual Cost of Hire	Rates Per \$100		Estimated Premium			
			B.I.	P.D.	B.I.	P.D.		

<b>SECTION 11.d. COST OF HIRE</b>		<b>(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</b>			
	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.	\$	\$	\$	\$	\$
<b>SECTION 11.e. WAIVER OF SUBROGATION</b>					
Does applicant require a Waiver of Subrogation to fulfill a contractual agreement? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>					
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.					
<b>SECTION 11.f. PRIMARY AND NONCONTRIBUTORY—OTHER INSURANCE CONDITION</b>					
Does applicant require a Primary and Noncontributory—Other Insurance Condition to fulfill a contractual agreement? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>					
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.					
<b>SECTION 12. FILINGS OR CERTIFICATES</b>					
<b>NOTE:</b> All owned and operated vehicles must be described in this application. All risks for which a filing has been made (except SR-22) are subject to cost of hire rating and Nonowned Auto Liability coverages. If a filing is requested here, the Cost of Hire and Nonowned Auto Liability sections must be completed. 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. A CAIP Inspected Units form must be completed, signed, and submitted for any applicant who requires a Federal Highway Administration (FHWA) or Federal Motor Carrier Safety Administration (FMCSA) filing or endorsement.					
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.)					
<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 <input type="checkbox"/> Bus Regulatory Act of 1982 <input type="checkbox"/> Motor Carrier No. _____ <input type="checkbox"/> U. S. DOT No. _____					
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 <input type="checkbox"/> PUC No. _____ <input type="checkbox"/> Other _____					
If block(s) are checked, list state(s) and city(ies) requiring filings or limits of liability required by law.					
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 non-owned 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					

<b>SECTION 13. PAYMENT PLANS</b>		<b>GROSS DEPOSIT PREMIUMS MUST BE SUBMITTED WITH APPLICATION.</b>	
<input type="checkbox"/> Option 1 – Full Annual Premium <input type="checkbox"/> Option 2 – Premium Deposit with a single bill balance <input type="checkbox"/> Option 3 – Installments (Six or Less Vehicles) * – 11 monthly payments** <input type="checkbox"/> Option 4 – Installments (Seven or More Vehicles) – 5 Monthly Payments** <input type="checkbox"/> Premium to be Financed – Name of Premium Finance Company***		Payment by: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Check/Draft No.
		Total Estimated Premium	\$
		Amount Submitted with Application	\$
		<i>* Not Available on Premium Financed Policies.</i> <i>** \$4.00 per installment charge.</i> <i>*** Attach a copy of Premium Finance contract.</i>	
<b>NOTICE TO PREMIUM FINANCE COMPANY – Unearned Premium is based on actual premium, not estimated premium.</b>			
<b>SECTION 14. PREVIOUS AUTOMOBILE INSURANCE CARRIER</b>			
Information for the past three years. (If a fleet, information for the past five years required.) <b>Attach loss statements from previous carrier.</b>			
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 From      To	Name of Insurance Company
1st Prior			
2nd Prior			
3rd Prior			
4th Prior			
<b>SECTION 15. EVIDENCE OF INSURANCE AND REQUESTED EFFECTIVE DATE OF COVERAGE</b>			
<p>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 servicing carrier designated by the Plan. The Applicant agrees that a reproduction of this authorization shall be considered as effective and valid as the original.</p> <p>1. The application must be fully completed and duly executed.</p> <p><b>2. Specific applicants requiring financial responsibility filings or a limit of liability in excess of \$500,00 combined single limit will be subject to a 15-day delay in the effective date as specified in the Arizona Automobile Insurance Plan. Coverage under this evidence of automobile insurance for these specific applicants is to be effective for a period not to exceed 30 days from the effective date of coverage.</b></p> <p>3. Otherwise, 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 Arizona Automobile Insurance Plan.</p> <p>4. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured.</p> <p>5. The insurance afforded hereunder shall be subject to all the terms and conditions of the Plan and the Policy Form prescribed for use.</p> <p>6. The producer of record must forward this application to the Plan in accordance with Plan rules.</p> <p><b>Electronic Application Submission Applications:</b> 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 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 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.</p> <p><b>Alternate Application Submission Procedure Applications:</b> 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.</p> <p><b>Note:</b> 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.</p>			
<b>Applicants requiring filings or a limit of liability in excess of \$500,000 Combined Single Limits will be subject to a 15 day delay in the effective date as specified in Section 23 of the Arizona Automobile Insurance Plan.</b>			
Requested Effective Date and Time: (Not to exceed 45 days from the date of application submission)		<b>IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.</b>	
Example: 09/01/2022 11:30 AM			

**SECTION 16. PRODUCER OF RECORD STATEMENT**

I hereby certify that I am a licensed broker/agent of the State of Arizona. I have read the Arizona 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 Arizona Automobile Insurance Plan.

\_\_\_\_\_  
Date: \_\_\_\_\_ Hour: \_\_\_\_\_ ☐ AM ☐ PM  
Producer's Signature

**SECTION 17. APPLICANT'S STATEMENT**

I, the Applicant, declare and certify that:

1. I have tried and failed to obtain automobile insurance in this state within the preceding 60 days.
2. 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.
3. I realize that any misleading information or failure to disclose required information will not be considered good faith on my part and may void the application or cause cancellation of my coverage.
4. I hereby agree to pay all premiums when due.
5. I hereby certify that I do not owe any insurance company for automobile premiums due or contracted.
6. 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 Arizona 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.
7. I duly authorize the undersigned to execute this application on my behalf if the Applicant is not a natural person.
8. I agree that no coverage will be in effect if the premium remittance, which accompanies this application, is justifiably dishonored by any financial institution.
9. 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.
10. I understand that if I owe money for a prior Arizona Automobile Insurance Plan policy which I have not formally appealed to the Arizona AIP Governing Committee, the money that I submit with this application for a new Arizona AIP policy will be applied to that prior policy, and I am not entitled to a refund of the money I have submitted with this application, even if coverage for this new policy is terminated, until I pay the full amount owed for all current and prior Arizona AIP policies.
11. 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

**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.

**MAILING INFORMATION**

Send original, signed application with check/money order and required attachments to:  
Arizona Automobile Insurance Plan  
PO Box 6530  
Providence, RI 02940-6530

**REMARKS SECTION**