FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION

Supplemental Application Noncancelable Policy

BY SIGNING THIS FORM, YOU ARE ELECTING TO PURCHASE COVERAGE WHICH CAN NOT BE CANCELED* OR CHANGED FOR ANY REASON, AND DOES NOT ALLOW A REFUND OF PREMIUM.

*This policy cannot be canceled after the first 30 days, except if the named insured or any other operator who resides in the same household, or customarily operates an auto insured under the policy, has had his or her driver's license suspended or revoked. The suspension or revocation of the driver's license must have occurred during the policy period.

This coverage is being offered in accordance with Florida Statute 627.7275(2)(a).

Should you desire to change or add vehicles, change or add drivers, or move to a new territory, you must obtain a new noncancelable policy.

I have read this form carefully. I und	derstand the provision of the policy for w	hich I am applying.
Applicant's Signature	Date	

Producer's Signature

All applications for insurance must be LEGIBLE and be SUBMITTED ON A GROSS REMITTANCE BASIS NO LATER THAN THE BUSINESS DAY IMMEDIATELY FOLLOWING THE DAY THE APPLICATION WAS BOUND AND THE PREMIUMS WERE RECEIVED, in the following manner:

A copy of the application, accompanied by the premium, shall be sent to the servicing carrier. In no event shall the amount submitted be less than that which was paid by the insured.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. 817.234(1)(B) FLORIDA STATUTE.