

PRIVATE PASSENGER/MOTORCYCLE APPLICATION KENTUCKY 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.			Fax No.	
SECTION 2. SIGNING PRODUCER (Complete if the producer completing and signing this application differs from the Producer of Record.)										
Last Name				First Name			MI	Tax ID or Social Security No.		
SECTION 3. APPLICANT										
Last Name				First Name			MI	Home Telephone No.		Business Telephone No.
Co-Applicant's Last Name (if applicable)				First Name			MI			
Street Address					Ste./Apt. No.		City		State	Zip Code
SECTION 4. OPERATOR INFORMATION (List all operators in household and any other drivers.)										
Applicant's former addresses (past 3 years)										
Street Address						City			State	Zip Code
Applicant, and Other Drivers	Relationship to Applicant	% Use of each Vehicle V1 V2 V3 V4			Birth Date Mo./Day/Yr.	Sex M/F	*MS	Driver's License No.	State	Licensed 3 Years? If "No", Give Date Issued
APPLICANT	APPLICANT									<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 _____
*MS Marital Status: S-Single, M-Married, W-Widowed, D-Divorced, P- Separated										
Applicant's Occupation				Nature of Business				Employer's Name		
Street Address						City			State	Zip Code
Other Driver's Occupation				Nature of Business				Employer's Name		
Street Address						City			State	Zip Code

Staple check here:



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

Kentucky Automobile Insurance Plan
10605 Shelbyville Road, Suite 100
Louisville, KY 40223

SECTION 5. VEHICLE 1 – VEHICLE INFORMATION AND VEHICLE USE					
Year	Make	Model	Body Style	H.P./Cu. In.CC	
Vehicle Identification No.		Registered Owner's Last Name		First Name	
Purchased Mo. Yr.	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Pleasure <input type="checkbox"/> To Work/To School <input type="checkbox"/> Commercial** <input type="checkbox"/> Farm <input type="checkbox"/> Business **Applicable only for motorcycles used for commercial purposes.		Miles one way to work, school or transportation	Est. Annual Mileage
Principal Address of Garaging					
Street Address		City	County	State	Zip Code
Applicant address as it appears on registration, if different from Section 3.		State Registered In	Territory	Rate Class	Penalty Points
SECTION 5. VEHICLE 2 – VEHICLE INFORMATION AND VEHICLE USE					
Year	Make	Model	Body Style	H.P./Cu. In.CC	
Vehicle Identification No.		Registered Owner's Last Name		First Name	
Purchased Mo. Yr.	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Pleasure <input type="checkbox"/> To Work/To School <input type="checkbox"/> Commercial** <input type="checkbox"/> Farm <input type="checkbox"/> Business **Applicable only for motorcycles used for commercial purposes.		Miles one way to work, school or transportation	Est. Annual Mileage
Principal Address of Garaging					
Street Address		City	County	State	Zip Code
Applicant address as it appears on registration, if different from Section 3.		State Registered In	Territory	Rate Class	Penalty Points
SECTION 5. VEHICLE 3 – VEHICLE INFORMATION AND VEHICLE USE					
Year	Make	Model	Body Style	H.P./Cu. In.CC	
Vehicle Identification No.		Registered Owner's Last Name		First Name	
Purchased Mo. Yr.	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Pleasure <input type="checkbox"/> To Work/To School <input type="checkbox"/> Commercial** <input type="checkbox"/> Farm <input type="checkbox"/> Business **Applicable only for motorcycles used for commercial purposes.		Miles one way to work, school or transportation	Est. Annual Mileage
Principal Address of Garaging					
Street Address		City	County	State	Zip Code
Applicant address as it appears on registration, if different from Section 3.		State Registered In	Territory	Rate Class	Penalty Points
SECTION 5. VEHICLE 4 – VEHICLE INFORMATION AND VEHICLE USE					
Year	Make	Model	Body Style	H.P./Cu. In.CC	
Vehicle Identification No.		Registered Owner's Last Name		First Name	
Purchased Mo. Yr.	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Pleasure <input type="checkbox"/> To Work/To School <input type="checkbox"/> Commercial** <input type="checkbox"/> Farm <input type="checkbox"/> Business **Applicable only for motorcycles used for commercial purposes.		Miles one way to work, school or transportation	Est. Annual Mileage
Principal Address of Garaging					
Street Address		City	County	State	Zip Code
Applicant address as it appears on registration, if different from Section 3.		State Registered In	Territory	Rate Class	Penalty Points

SECTION 6. COVERAGES (As provided by the Rules of the Plan.)

Same limits of liability must be purchased for all vehicles Check appropriate box for coverage	Vehicle 1 Estimated Premiums	Vehicle 2 Estimated Premiums	Vehicle 3 Estimated Premiums	Vehicle 4 Estimated Premiums
<input type="checkbox"/> Nonowner Risk – indicate limits/premiums below and complete Section 14.				
Bodily Injury Liability and Property Damage Liability <input type="checkbox"/> \$25,000/50,000 and \$10,000 <input type="checkbox"/> \$50,000/100,000 and \$25,000				
Basic Personal Injury Protection (PIP) Deductible Options: <input type="checkbox"/> Full <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> I Reject No-Fault/Tort Limitations <input type="checkbox"/> PIP Buyback <input type="checkbox"/> Guest PIP Note: Guest PIP must be selected if Basic PIP has been rejected.				
Added Personal Injury Protection (PIP) <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000				
<input type="checkbox"/> Motorcycle PIP (Optional) <input type="checkbox"/> Pedestrian PIP (Optional if Motorcycle PIP is not selected)				
Medical Payments Coverage <input type="checkbox"/> \$1,000 Note: MED is available only if Basic PIP has been rejected.				
Uninsured Motorist (UM) Bodily Injury - <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> I Accept UM Coverage <input type="checkbox"/> I Reject UM Coverage If rejecting Uninsured Motorist (UM) coverage, you must complete Section 8 below.				
Underinsured Motorist (UIM) Bodily Injury - <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> I Accept UIM Coverage <input type="checkbox"/> I Reject UIM Coverage				
Extended Nonowned Auto – if requested, complete Section 15.				
Estimated Total Premium per vehicle	\$	\$	\$	\$
Total Estimated Premium for vehicles 1 – 4 (Does not include Kentucky Taxes)	\$			

Does Municipal Tax Apply? Yes No City taxing authority _____ County taxing authority _____

SECTION 7. KENTUCKY NO-FAULT REJECTION **IMPORTANT**

IF ANY MEMBER OF THE FAMILY RESIDING IN THE HOUSEHOLD NOT IDENTIFIED BY NAME AS AN INSURED IN ANY OTHER CONTRACT OF BASIC REPRATIONS INSURANCE, REJECTS TORT LIMITATIONS ALL OF THE FOLLOWING QUESTIONS MUST BE COMPLETED.

- Applicant accepts Tort Limitations Applicant rejects Tort Limitations
- Other members of family residing in the household accepting _____ (number) Tort Limitations
 Other members of family residing in the household rejecting _____ (number) Tort Limitations
- Total Number of (including applicant) of family members of the household _____

Note: If Basic PIP has been rejected the Kentucky No-Fault Rejection Form (KYNF-1) should be filed with the Kentucky Office of Insurance and a copy of this form should be attached to the application.

SECTION 8. UNINSURED MOTORIST (UM) COVERAGE REJECTION **IMPORTANT**

KRS 304.20.020 provides that all motor vehicle liability insurance policies shall contain insurance, "for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom." It further provides that you have the right to reject in writing such coverage. If you desire to reject such coverage, indicate this by signing below.*

I do not desire to have insurance protection for bodily injury, sickness or disease, including death, resulting from owners or operators of uninsured motor vehicles and hereby reject Uninsured Motorist (UM) Coverage.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

*Each named insured must sign separately to reject Uninsured Motorist (UM) Coverage.

SECTION 9. FINANCIAL RESPONSIBILITY (SR-22) (Complete if applicant or other eligible operator is required to file evidence of financial responsibility.)

Name	Drivers License No.	Case or File No.
Relationship to Applicant	Resides with Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	State where Filing required
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	
Do you own any other vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give name of insurance company.	If "Yes", give policy number.

SECTION 10. PAYMENT PLANS (IMPORTANT: One of the following must be completed)

<input type="checkbox"/> Option 1 - Full Annual Premium <input type="checkbox"/> Option 2 - Installment Premium Payments (40% Premium Deposit)* ⇒ No Interest/ \$4.00 per installment charge <input type="checkbox"/> Premium to be Financed – Name of Premium Finance Company**	Payment by: <input type="checkbox"/> Check <input type="checkbox"/> Money Order	Check/Draft No.
	Total Estimated Premium	\$
	Amount Submitted with Application	\$
	* Not Available on Premium Financed Policies. ** Attach a copy of Premium Finance contract.	

SECTION 11. INSURANCE RECORD

Has applicant had insurance in the past? No Yes If "Yes", complete the following.

Name of applicant's latest carrier	Policy No.	Termination date
Does applicant (or anyone who usually drives the applicant's motor vehicles) owe any insurance agent or insurance company any automobile liability premium? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give details.		
Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was 3 year assignment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", give reason terminated.
Are any other vehicles owned by any member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give name of insurer.	Policy No.

SECTION 12. ACCIDENTS

Has applicant, or anyone who usually drives the applicant's motor vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past THIRTY-SIX months? Yes No If "Yes", complete the following. (If necessary, use Remarks Section.)

Name of Operator	Accident Date Mo./Day/Yr.	Place of Accident		Bodily Injury or Death	Prop. Damage (incl. your own) Amount	Penalty Points	Code*
		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. Applicant's motor vehicle struck in rear and applicant or operator was not convicted.
 6. Other type of accident - non-chargeable under provisions of the Plan. Describe accident in space provided.

If the answer to any of the following is Yes, check "Yes" box and give date of accident. 1. Applicant's motor vehicle lawfully parked. 2. Applicant reimbursed by or on behalf of person responsible for the accident or has such judgment against such person. 3. Applicant's motor vehicle struck in rear and applicant or operator was not convicted. 4. Other person involved in accident was convicted. Applicant or operator was not convicted. 5. Damaged by "Hit-and-Run" Driver and accident reported to police within 24 hours from time of accident. 6. Other type of accident – non-chargeable under provisions of the Plan. If "Yes", describe in Remarks Section.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	Date(s) of Accident(s) _____ _____ _____ _____ _____
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SECTION 13. CONVICTIONS (Motor Vehicle and Non-Motor Vehicle)

Has the applicant or anyone who usually drives the applicant's motor vehicle(s) been CONVICTED or FORFEITED BAIL at any time during the immediately preceding THIRTY-SIX months? Yes No If "Yes", complete the following. (If necessary, use Remarks Section.)
 NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Name of Operator	Date of Conviction or Forfeiture of Bail Mo./Day/Yr.	Did Conviction Arise as a Result of an Accident?	Type of Violation	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 14. NONOWNER (Complete if application is for a nonowner policy.)

A. Type of vehicle applicant will operate. Private Passenger Commercial Taxi/Bus Other (describe) _____
 B. Will vehicle be operated in applicant's occupation or business? Yes No
 C. Is vehicle owned by applicant or member of household? Yes No
 D. If answer to B or C is "Yes", give name of Insurance Company providing liability coverage.
 E. Is applicant excluded? Yes No

SECTION 15. EXTENDED NONOWNED AUTO

The policy may be endorsed to provide this coverage to the named insured, spouse, if a resident of the same household, or resident individual provided a vehicle is furnished for regular use.

Name of individual to be covered _____

Is primary liability insurance in effect for the auto furnished for regular use? Yes No

Is the individual to be covered an employee of a garage? Yes No

SECTION 16. PRODUCER OF RECORD STATEMENT

I hereby certify that I am a licensed broker/agent of the State of Kentucky. I have read the Kentucky Plan, have explained the provisions to the applicant, and have included in this application all required information given to me by the applicant. In the event the policy is cancelled or a change is made resulting in a return premium to the insured, I agree to return the unearned commission portion of such return premium.

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 Automobile Insurance Plan of this state.

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

DISCOUNTS AND CREDITS SECTION

Accident Prevention Discount **Operator Eligible** Op1 Op2 Op3 Op4 **Discount Applied** V1 V2 V3 V4

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 and have been unable to obtain such insurance at rates not exceeding those applicable under the Plan.
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 will prejudice my application for insurance.
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 and I understand he is not acting as an agent of any company for the purposes of this insurance and has no authority to bind such insurance. A substitute Producer may be designated by the Applicant at any time and, upon designation, shall be the Producer of Record. The Applicant understands that any designated Producer cannot act as an agent of the 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 or coverage.
7. I hereby certify that Kentucky No-Fault Rejection Form KYNF-1 has been made available.
8. I understand that the premiums shown on this application are estimated premiums. The company reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.

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

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received with 30 days, notify the Plan Office, (insert Plan address).

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.

WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

REMARKS SECTION

Large empty box for entering remarks.