

**PRIVATE PASSENGER/MOTORCYCLE APPLICATION
OKLAHOMA AUTOMOBILE INSURANCE PLAN**

**IMPORTANT: THIS APPLICATION DOES NOT CONSTITUTE A BINDER OF INSURANCE.
FAILURE TO DISCLOSE ALL REQUIRED INFORMATION MAY RESULT IN INELIGIBILITY OR CANCELLATION.**

EASi 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
Street Address (if different from Mailing Address)		Ste./Apt. No.	City	State	Zip Code
Tax ID or Social Security No.	Producer License No.	Telephone No.		Fax No.	

SECTION 2. 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	County	State	Zip Code

SECTION 3. 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	

SECTION 4. 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	Cost New	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, detail in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commuting <input type="checkbox"/> Farm		Principal Address of Garaging			Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No	Miles one way to work, school or transportation		Est. Annual Mileage		
Applicant address as it appears on registration, if different from Section 2.				State of Registration	Territory	Rate Class	Penalty Points	Symbols Comp. Coll.		Age Group
SECTION 4. 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	Cost New	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, detail in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commuting <input type="checkbox"/> Farm		Principal Address of Garaging			Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No	Miles one way to work, school or transportation		Est. Annual Mileage		
Applicant address as it appears on registration, if different from Section 2.				State of Registration	Territory	Rate Class	Penalty Points	Symbols Comp. Coll.		Age Group
SECTION 4. 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	Cost New	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, detail in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commuting <input type="checkbox"/> Farm		Principal Address of Garaging			Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No	Miles one way to work, school or transportation		Est. Annual Mileage		
Applicant address as it appears on registration, if different from Section 2.				State of Registration	Territory	Rate Class	Penalty Points	Symbols Comp. Coll.		Age Group
SECTION 4. 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	Cost New	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, detail in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commuting <input type="checkbox"/> Farm		Principal Address of Garaging			Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No	Miles one way to work, school or transportation		Est. Annual Mileage		
Applicant address as it appears on registration, if different from Section 2.				State of Registration	Territory	Rate Class	Penalty Points	Symbols Comp. Coll.		Age Group

SECTION 5. 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
Bodily Injury Liability <input type="checkbox"/> \$25/50,000 <input type="checkbox"/> \$50/100,000 <input type="checkbox"/> \$100/300,000					
Property Damage Liability <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000					
Medical Payments Coverage <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000					
Physical Damage – Comprehensive (Must be purchased in conjunction with Collision coverage) \$100 \$200 \$250 \$500 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ (Must comply with Plan Physical Damage Inspection requirement)					
Physical Damage – Collision (Must be purchased in conjunction with Comprehensive coverage) \$100 \$200 \$250 \$500 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ (Must comply with Plan Physical Damage Inspection requirement)					
Custom Equipment (other than original manufacturer equipment) (Attach list) Actual Cash Value Above \$1,500 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____					
Protection Against Uninsured Motorists <input type="checkbox"/> \$25/50,000 <input type="checkbox"/> \$50/100,000 <input type="checkbox"/> \$100/300,000 <input type="checkbox"/> I Accept UM Coverage <input type="checkbox"/> I Reject UM Coverage If "Accept", indicate amount for appropriate vehicle(s) <input type="checkbox"/> I desire UM equal to BI limits					
Estimated Total Premium per vehicle		\$	\$	\$	\$
Total Estimated Premium for vehicles 1 – 4		\$			
SECTION 6. FINANCIAL RESPONSIBILITY		(Complete if applicant or other eligible operator is required to file evidence of financial responsibility.)			
1. Name		Case or File No.			
Relationship to Applicant	Resides with Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	State where Filing required	Reason for Filing		
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					
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.		
2. Name		Case or File No.			
Relationship to Applicant	Resides with Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	State where Filing required	Reason for Filing		
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					
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 7. PAYMENT PLANS					
<input type="checkbox"/> Option 1 - Full Annual Premium <input type="checkbox"/> Option 2 - Advance Premium Payment as provided by the Rules of the Plan <input type="checkbox"/> Option 3 - Installment Premium Payment as provided by the Rules of the Plan* <input type="checkbox"/> Premium to be Financed – Name of Premium Finance Company** _____		Payment by: <input type="checkbox"/> Producer's Check <input type="checkbox"/> Certified Check <input type="checkbox"/> Bank Check <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order			
		Total Estimated Premium	\$		
		Amount Submitted with Application	\$		
		* Not Available on Premium Financed Policies. ** Attach a copy of Premium Finance contract.			

SECTION 8. INSURANCE RECORD					
Has applicant had insurance in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", complete the following.					
Name of applicant's latest carrier			Policy No.		Termination date
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 9. 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
		Town	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	\$
If the answer to any of the following is Yes, check "Yes" box and give date of accident.					Date(s) of Accident(s)
1. Applicant's motor vehicle lawfully parked.					<input type="checkbox"/> Yes
2. Applicant reimbursed by or on behalf of person responsible for the accident or has judgement against such person.					<input type="checkbox"/> Yes
3. Applicant's motor vehicle struck in rear and applicant or operator was not convicted.					<input type="checkbox"/> Yes
4. Other person involved in accident was convicted. Applicant or operator was not convicted.					<input type="checkbox"/> Yes
5. Damaged by "Hit-and-Run" Driver and accident reported to police within 24 hours from time of accident.					<input type="checkbox"/> Yes
SECTION 10. CONVICTIONS (Motor Vehicle and Non-Motor Vehicle)					
Has 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Mo./Day/Yr.	Did Conviction Arise as a Result of an Accident?	Type of Violation	Place of Conviction	
				Town	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			
SECTION 11. NON-OWNER (Complete if application is for a non-owner policy.)					
A. Type of vehicle applicant will operate. <input type="checkbox"/> Private Passenger <input type="checkbox"/> Commercial <input type="checkbox"/> Taxi/Bus <input type="checkbox"/> Other (describe) _____					
B. Will vehicle be operated in applicant's occupation or business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
C. Is vehicle owned by a member of the applicant's household? <input type="checkbox"/> Yes <input type="checkbox"/> No					
D. If answer to B or C is "Yes", give name of Insurance Company providing liability coverage.					
E. Is applicant excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No					

SECTION 12. EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE

This application having been completed and duly executed, shall be, from the effective date and time shown below, evidence of insurance in the limits and coverages specified, subject to the following conditions.

- 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 coverages of insurance afforded hereunder in accordance with the rules of the Automobile Insurance Plan.
- A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured.
- The insurance afforded hereunder shall be subject to all the terms and conditions of the Policy Form prescribed for use in accordance with the rules of the Automobile Insurance Plan.

Effective Date and Time:

Example: 09/ 01/2002 11:30 AM

IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.

PRODUCER OF RECORD STATEMENT: I do hereby certify that I am a licensed broker, agent, of the State of Oklahoma. I have read the Oklahoma Automobile Insurance 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.

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

SECTION 13. APPLICANT'S STATEMENT

I, the Applicant, declare and certify that:

- 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.
- 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.
- I realize that any misleading information or failure to disclose required information will not be considered in good faith on my part and will prejudice my application for insurance.**
- I hereby agree to pay all premiums when due.
- I hereby certify that I do not owe any insurance company for automobile premiums due or contracted during the immediately preceding 12 months.
- For an applicant requesting physical damage coverage: I understand and agree that if I have requested physical damage coverage my vehicle(s) will require a Physical Damage Inspection, or, if required, in accordance with Plan rules, completion of a Physical Damage Affidavit. I understand that physical damage coverage on my vehicle(s) will not be in effect if I do not comply with the inspection requirement, or if applicable, completion and submission of a Physical Damage Affidavit.**
- I designate as Producer of Record for this insurance the producer or firm named in this application and I understand that he is not acting as an agent of any company for the purposes of this insurance.

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

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received with 45 days, notify the Plan Office, P.O. Box 6530, Johnston, RI 02940-6530

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.

DISCOUNTS AND CREDITS SECTION

Accident Prevention Course Discount	Operator Eligible <input type="checkbox"/> Op1 <input type="checkbox"/> Op2 <input type="checkbox"/> Op3 <input type="checkbox"/> Op4	Discount Applied <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4
Driver Training Credit	Operator Eligible <input type="checkbox"/> Op1 <input type="checkbox"/> Op2 <input type="checkbox"/> Op3 <input type="checkbox"/> Op4	Discount Applied <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4
Principal Operator Age 65 or Older Discount	Operator Eligible <input type="checkbox"/> Op1 <input type="checkbox"/> Op2 <input type="checkbox"/> Op3 <input type="checkbox"/> Op4	Discount Applied <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4
Two or More Autos Discount		Discount Applied <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4

ATTACHMENTS	
<input type="checkbox"/> Accident Prevention Course Certificate <input type="checkbox"/> Driver Training Certificate <input type="checkbox"/> Uninsured Motorist Form	<input type="checkbox"/> Finance Agreement Copy <input type="checkbox"/> Policy Declaration Page <input type="checkbox"/> Deposit Check
MAILING INFORMATION	
<p>Send original, signed application, with producer's check, certified check, bank check, cashier's check, or money order and required attachments to:</p> <p>Oklahoma Automobile Insurance Plan P.O. Box 6530 Providence, RI 02940-6530</p>	
REMARKS SECTION	