

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.

PRIVATE PASSENGER 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		
Tax ID or Social Security No.			Producer License No.			Telephone No.			Fax No.					
SECTION 2. SIGNING PRODUCER						Complete if producer completing/signing this application differs from the Producer of Record.								
Last Name				First Name				MI		Producer License No.				
SECTION 3. APPLICANT INFORMATION														
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 for Each Vehicle		Birth Date MM/DD/YYYY		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 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	Cost New	Actual Cash Value	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"/> To Work/To School <input type="checkbox"/> Business <input type="checkbox"/> Commercial* <input type="checkbox"/> Farm *Applicable only for motorcycles used for commercial purposes.		Principal Address of Garaging				Miles one way to work, school or transportation			Est. Annual Mileage			
Applicant address as it appears on registration, if different from Section 3.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		Age Group		
								Comp.	Coll.			
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	Cost New	Actual Cash Value	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"/> To Work/To School <input type="checkbox"/> Business <input type="checkbox"/> Commercial* <input type="checkbox"/> Farm *Applicable only for motorcycles used for commercial purposes.		Principal Address of Garaging				Miles one way to work, school or transportation			Est. Annual Mileage			
Applicant address as it appears on registration, if different from Section 3.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		Age Group		
								Comp.	Coll.			
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	Cost New	Actual Cash Value	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"/> To Work/To School <input type="checkbox"/> Business <input type="checkbox"/> Commercial* <input type="checkbox"/> Farm *Applicable only for motorcycles used for commercial purposes.		Principal Address of Garaging				Miles one way to work, school or transportation			Est. Annual Mileage			
Applicant address as it appears on registration, if different from Section 3.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		Age Group		
								Comp.	Coll.			
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	Cost New	Actual Cash Value	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"/> To Work/To School <input type="checkbox"/> Business <input type="checkbox"/> Commercial* <input type="checkbox"/> Farm *Applicable only for motorcycles used for commercial purposes.		Principal Address of Garaging				Miles one way to work, school or transportation			Est. Annual Mileage			
Applicant address as it appears on registration, if different from Section 3.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		Age Group		
								Comp.	Coll.			

SECTION 6. COVERAGES		(As provided by the Rules of the Plan. Same limits of liability must be purchased for all vehicles)			
➔	Check appropriate boxes for coverage.	Vehicle 1 Premiums	Vehicle 2 Premiums	Vehicle 3 Premiums	Vehicle 4 Premiums
	Bodily Injury Liability <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000				
	Property Damage Liability <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$50,000				
	Medical Payments Coverage <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000				
	Physical Damage – Comprehensive - Deductibles: \$100 \$200 \$250 \$500 \$1,000 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh.4 _____				
	Physical Damage – Collision - Deductibles: \$100 \$200 \$250 \$500 \$1,000 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh.4 _____				
	Uninsured (Including Underinsured) Motorist – Optional Bodily Injury <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$300,000/500,000 <input type="checkbox"/> \$500,000/500,000 <input type="checkbox"/> \$500,000/1,000,000 <input type="checkbox"/> \$1,000,000/2,000,000 <input type="checkbox"/> I Accept UM/BI Coverage <input type="checkbox"/> I Reject UM/BI Coverage				
	SIGNATURE: _____				
	Uninsured (Including Underinsured) Motorist - Optional Property Damage- <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 (subject to a deductible of the first \$250) <input type="checkbox"/> I Accept UM/PD Coverage <input type="checkbox"/> I Reject UMPD Coverage				
	SIGNATURE: _____				
	Physical Damage Coverage for Damage to Rented Vehicles <input type="checkbox"/> I Accept Rental Coverage <input type="checkbox"/> I Reject Rental Coverage LIAB. AND PHYS. DAM COVERAGE WILL BE AUTOMATICALLY PROVIDED FOR RENTAL VEHICLES IN RESPONSE TO ALASKA STATUTE 21.89.020(f)(2) and (3). PHYS. DAM. COVERAGE FOR RENTAL VEHICLES MAY BE REJECTED.				
	SIGNATURE: _____				
	Custom Equipment (other than original manufacturer equipment) (attach list) Actual Cash Value Above \$1,500 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh.4 _____				
	Extended Non Owned Auto Coverage – if requested, complete Section 6.a.				
	Estimated Total Premium per vehicle				
	Total Estimated Premium for vehicles 1 – 4				
SECTION 6.a. EXTENDED NON OWNED AUTO COVERAGE – PERSONAL AUTO COVERAGE					
Is the auto furnished to the individual, spouse, or resident individual for their regular use? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is primary liability insurance in effect for the auto furnished for regular use? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of individual to be covered _____					
SECTION 7. FINANCIAL RESPONSIBILITY					
Is applicant or other eligible operator residing in the same household required to file evidence of financial responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes", complete the following:					
Name	License No.	State where Filing required	Type of Filing	Reason for Filing	

SECTION 8. PAYMENT PLANS							
<input type="checkbox"/> Option 1 - Full Annual Premium <input type="checkbox"/> Option 2 - Advance Premium Payment Option - Deposit of 30% balance due 30 calendar days from the date of the premium notice. <input type="checkbox"/> Option 3 - Installments Premium Payment * - Deposit of 25% with 5 installments per policy year with \$4.00 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:			
				<i>* Not Available on Premium Financed Policies. ** Attach a copy of Premium Finance contract. NOTICE TO PREMIUM FINANCE COMPANY - Unearned premium is based on actual premium, not estimated premium.</i>			
SECTION 9. 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 10. ACCIDENTS							
Has applicant, or anyone who usually drives the applicant's motor 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. (If necessary, use Remarks Section.)							
Name of Operator	Accident Date	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			
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 judgement against such person. 3. Other person involved in accident was convicted. Applicant or operator was not convicted. 4. Damaged by "Hit-and-Run" Driver and accident reported to police within 24 hours from time of accident. 5. Driving a bus for a private or municipal school bus company or as a commercial vehicle operator. 6. Driving a law enforcement agency vehicle, fire truck or ambulance on emergency call. 7. 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 <input type="checkbox"/> Yes	Date(s) of Accident(s) _____ _____ _____ _____ _____ _____	
SECTION 11. CONVICTIONS (Motor Vehicle and Non-Motor Vehicle)							
For 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? <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	Conviction Date	Did Conviction Arise as a Result of an Accident?	Type of Violation	Place of Accident		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 12. 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 applicant or member of 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 13. EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE

This application shall be evidence of temporary insurance subject to the following conditions:

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, or (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 Private Passenger 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 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: 09/01/2019 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 hereby certify that I am a licensed broker/agent of the State of Alaska. I have read the Alaska 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.

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

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.

SECTION 14. APPLICANT STATEMENT

I, the Applicant, declare and certify that:

1. I/We have tried and failed to obtain automobile insurance in this state within the preceding 60 days, and that the information given in this application is true.
2. I/We 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.
3. I/We agree that no coverage will be in effect if the premium remittance, which accompanies this application, is justifiably dishonored by any financial institution.
4. I/We hereby agree to pay all premiums when due and designate the individual above as agent/broker of record for this insurance.
5. I/We have not failed to meet any obligations to pay any automobile insurance premium due any insurer.
6. I/We understand the agent/broke is not acting as an agent of any company for the purposes of this insurance.
7. I/We understand that for this reason the premium shown on this application is an estimated premium. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.
8. I/We represent to the best of my/our knowledge or belief that this application was written and signed as of the date shown.

DRIVER INFORMATION RELEASE AUTHORIZATION

I (We) authorize the Department of Public Safety, Division of Motor Vehicles to release the driving record of any operator of this vehicle or these vehicles to the Alaska Automobile Insurance Plan and/or the company.

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

DISCOUNTS AND CREDITS SECTION		
Mature Operator 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
Anti-Theft Device - Active Disabling/Alarm Only		5% Credit Applied <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4
Anti-Theft Device - Passive Disabling		10% Credit Applied <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4
NOTICE TO APPLICANT AND PRODUCER		
In the event acknowledgement of coverage is not received within 45 days, notify the Plan at 800-227-4659.		
NOTE: Following an assignment of an electronic application submission reference number and prior to mailing the completed, signed application to the Plan, you are not permitted to alter or in any way change any information on the application. Please refer to the Retraction Procedures outlined in the Plan manual if you need to retract an application electronically transmitted.		
ATTACHMENTS		
<input type="checkbox"/> Signed Application (by both producer and applicant) <input type="checkbox"/> Copy of Vehicle Registration (MANDATORY for each vehicle) <input type="checkbox"/> Deposit Premium Payment <input type="checkbox"/> Mature Operator Auto Accident Prevention Course Discount Certificate (if applicable)		
MAILING INFORMATION		
Send completed application with check/money order and required attachments to: <div style="text-align: center;"> Alaska Automobile Ins Plan P.O. Box 6530 Providence, RI 02940-6530 </div>		
REMARKS SECTION		