

OHIO AUTOMOBILE INSURANCE PLAN APPLICATION
 Mail in Duplicate to: 172 E. State St., Suite 201 Columbus, OH 43215

IMPORTANT THIS APPLICATION DOES NOT CONSTITUTE A BINDER OF INSURANCE

This application must be PRINTED OR TYPED. It must be signed by the applicant and producer.

STATEMENT OF THE PRODUCER OF RECORD

I, do hereby certify that I am a licensed broker, agent, of the State of OHIO
 I have read the OHIO 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 Name _____	Street _____	City _____	State _____	Zip Code _____
Telephone Number _____	Producer's IRS or Social Security Number _____	Producer's Signature _____		

1. Applicant _____		Street Address _____		Apt. No. _____	City _____	
County _____	State _____	Zip Code _____	Home _____	Telephone _____	Business _____	State Vehicle Registered in _____
Occupation _____	Employer's Name _____			Address _____		

2. VEHICLE DESCRIPTION: VEHICLE - 1					VEHICLE - 2				
Year	Make	Model Name & Body Style			Year	Make	Model Name & Body Style		
Vehicle Identification Number			Cyls.	H.P. Cub. In.	Vehicle Identification Number			Cyls.	H.P. Cub. In.
Purchased	New	Used	Cost	Vehicle	Purchased	New	Used	Cost	Vehicle
Mo.	Yr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Altered <input type="checkbox"/> Damaged	Mo.	Yr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Altered <input type="checkbox"/> Damaged
Does car have damaged glass? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," explain under remarks.					Does car have damaged glass? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," explain under remarks.				
Mortgagee Name _____					Mortgagee Name _____				
Street	City	State	Zip		Street	City	State	Zip	

2A Is motor vehicle(s) owned by and registered in name of applicant? Yes _____ No _____. If not, list name of owner and relationship to applicant _____

3. USE OF VEHICLES: <input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Comm. <input type="checkbox"/> Farm					<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Comm. <input type="checkbox"/> Farm				
Principal place of garaging. _____					Principal place of garaging. _____				
Miles one way to work _____					Miles one way to work _____				
Territory	Rate Class	Penalty Points	Symbol	Age Group	Territory	Rate Class	Penalty Points	Symbol	Age Group

4. COVERAGES: (As Provided by the Rules of the Plan) Concurrent Limits of Liability Must Be Purchased for Both Vehicles

	Limits	Vehicle 1 Premiums	Vehicle 2 Premiums
Bodily Injury Liability	_____	_____	_____
Property Damage Liability	_____	_____	_____
Medical Payments Coverage	_____	_____	_____
Comprehensive (Available only with Liability Coverage—Deductibles \$100-\$250-\$500) ...	_____	_____	_____
Comprehensive and Collision (Deductibles—\$100-\$250-\$500)	_____	_____	_____

PROTECTION AGAINST UNINSURED MOTORIST AND UNDERINSURED MOTORIST COVERAGES

I accept Uninsured Motorist with Underinsured Motorist coverages at limits equivalent to auto liability coverage.
 I accept Uninsured Motorist with Underinsured Motorist coverages at limits lower than auto liability coverage, as indicated below.

Limits	Premium
<input type="checkbox"/> 12,500/25,000	\$ _____
<input type="checkbox"/> 25,000/50,000	\$ _____
<input type="checkbox"/> 50,000/100,000	\$ _____
<input type="checkbox"/> 100,000/300,000	\$ _____
<input type="checkbox"/> Other	\$ _____

I reject Uninsured Motorist and Underinsured Motorist coverages in its entirety.

Premium must be submitted gross basis – check enclosed \$ _____

5. OPERATOR INFORMATION:
 APPLICANT'S FORMER ADDRESSES PAST 3 YEARS _____

Applicant and Other Drivers	Relationship to Applicant	% Use of		Birthdate	Sex	M.S.*	Driver's License No. and State	Licensed 3 Yrs.	
		Veh. 1	Veh. 2					Yes	No — Give Date issued
APPLICANT	APPLICANT								

*M S—Marital Status: S—Single, M—Married, W—Widowed, D—Divorced, SEP—Separated

6. INSURANCE RECORD:	AUTOMOBILE LIABILITY	PHYSICAL DAMAGE
Give name of latest carrier.....		
Policy number and termination date.....		
Was above coverage assigned by Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," give reason for termination or cancellation (if 3 years expired, so state) .		
Are there any other vehicle(s) owned by any member of the household?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," give name of insurance company and policy number.....		

7. 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 Describe in detail on separate sheet any accidents non-chargeable under provisions of the Plan.

Name of Operator	Accident Date	Place of Accident		Bodily Injury Or Death		Property Damage
		Town	State	Yes	No	Amount
						\$
						\$
						\$

8. CONVICTIONS: (MOTOR VEHICLE or NON-MOTOR VEHICLE) Has applicant, or any one 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 separate sheet) NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

NAME OF OPERATOR	Date of Conviction	Did Conviction Arise As a Result of Accident (Yes or No)	Nature of Violation	Place of Conviction		Penalty	Was License Suspended or Revoked?
				Town	State		

9. If applicant operates motor vehicles owned by others, advise name of owner and name of primary liability insurance carrier

10. FINANCIAL RESPONSIBILITY: Is applicant or other eligible operator required to file evidence of financial responsibility?

Yes No If "Yes," complete below:

Name _____ Type of Filing:
 State where Filing Required _____ Owner's (to allow for operation of owned vehicles)
 Case or File Number _____ Operator's (to allow for operation of non-owned vehicles)
 Reason for Filing _____ Both

11. NON-OWNER: Answer below if application is for a non-owner policy:

(a) Type of vehicle applicant will operate: Private Passenger Commercial Taxi or Bus
 Other (describe) _____
 (b) Vehicle will be operated in applicant's occupation or business: Yes No (c) Is vehicle owned by a member of the household? Yes No (d) If question (b) or (c) is answered "Yes," give name of insurance company providing liability coverage. _____
 _____ Is applicant excluded? Yes No

12. SERVICEMEN: Answer below if applicant, or operator named in Item 6 is in armed forces:

Complete Service address including state and nearest city _____
 Give address where mail will always reach you even though you might be transferred.
 Name _____ Relationship _____
 No. and Street _____ City _____ State _____ Zip Code _____

FAIR CREDIT REPORTING ACT NOTICE: IN MAKING THIS APPLICATION FOR INSURANCE AN INVESTIGATION MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. YOU HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

YOUR SIGNATURE ON THIS APPLICATION CERTIFIES THE FOLLOWING:

I (WE) hereby certify that I (WE) have tried and failed to obtain automobile insurance in the state within the preceding 60 days.
 I (WE) hereby certify that the information given in this application is true. 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.
 I (WE) hereby agree to pay all premiums when due and designate _____ Name of Agent or Firm
 as producer of record for this insurance.
 I (WE) 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.

DATE OF APPLICATION _____ SIGNATURE OF APPLICANT(S) _____

NOTICE TO APPLICANT AND PRODUCER: In the event acknowledgement of coverage is not received within 30 days, notify the Ohio Automobile Insurance Plan, 172 E. State St., Suite 201, Columbus, OH 43215-4321

REMARKS: _____

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.